

FEB 9 1926

# The Public Health Nurse

Volume XVIII

February, 1926

Number 2

## Community Barriers to Mental Hygiene

*By Frank J. O'Brien, Ph.D.*

THE NEW (2nd) EDITION

## Williams' Personal Hygiene Applied

Dr. Williams wrote his book from the angle of Health for Life's Sake. Important as it unquestionably is for the nurse to understand and practice the principles of personal hygiene, it is equally important that she transmit this knowledge, or the means of securing it, to others. In this connection, and speaking of Dr. Williams' book, *The Modern Hospital* says, "Physicians, nurses, and hospital social workers are frequently called upon to furnish some guide to patients, parents, and teachers in the way of healthful living. This book will answer that purpose in a broader way than many works of pure hygiene."

In this edition a number of important changes will be found. The statements regarding scarlet fever, diabetes and insulin, goiter and iodine, and vitamins, have been changed to represent the latest knowledge.

*Personal Hygiene Applied.* By JESSE FRISING WILLIAMS, M.D., Professor of Physical Education, Teachers College, Columbia University, New York. 12mo of 415 pages, illustrated. Cloth, \$2.00 net.

**W. B. SAUNDERS CO.**

**Philadelphia and London**

## Keeping Patients Comfortable

involves upon the part of the nurse frequent use of ALKALOL because this specific for mucous membrane or skin irritation or inflammation, serves many purposes equally well. It freshens the mouth, deodorizes the breath, soothes skin irritation, burning, itching or sensitiveness. Hypersecretion of mucous membrane yields to ALKALOL. It dissolves mucin and pus. It reduces congestion, opposes bacterial action, tones up tissue and feeds depleted cells. Whether as a mouth wash, nasal or throat spray, vaginal or rectal or urethral injection, or irrigation, as a wet dressing, sponge off, or disinfectant and deodorant, ALKALOL acts as it is scientifically intended to act, safely, promptly and satisfactorily. Moreover, ALKALOL is so pleasant and agreeable to use, so dependable in action and pronounced in effect that the patient's appreciation is prompt and gratitude to the nurse not only won but held. Try ALKALOL personally first. You will then appreciate why you should use it for your patient.

*Sample and literature to any nurse on request*

ALKALOL CO.

Taunton, Mass.



### Things That Others Teach

Probably the great value which *The CHASE HOSPITAL DOLL* and *The CHASE HOSPITAL BABY* have for you can best be illustrated by what others are teaching with them.

More things can be taught by them than by the use of the human subject. The physical formation of these manikins and their many appurtenances is such, that the hospitals throughout this country and abroad who use them, find that they need put no restriction upon either demonstration or practice. The nurse who has had practice added to theory feels a confidence in her first year's training which can be secured in no other way. With *The CHASE HOSPITAL DOLL* and *The CHASE HOSPITAL BABY*, the theory of teaching is converted into the practical knowledge and manual dexterity obtainable only by actual work.

Among other things being taught daily throughout the world by the use of these manikins in Hospitals, Nurses' Training Schools, Home Nursing Classes, Baby Clinics, Mothers' Classes and by Visiting Nurses and Baby-Welfare Workers are the proper application of all kinds of bandages, trusses, binders, slings, fracture appliances, packs. The internal water-tight reservoir permits the giving of instruction in douching, administering enemata, catheterization, and the application of dressings, and the examination and probing of the ear and nose cavities. They are used to demonstrate positions for major and minor surgical operations, and for gynecological positions, how to prepare the patient for operations and to care for the patient in etherization. They permit instruction in bathing, bed-making, and feeding of the patient.

Let us send you our latest catalogue which will tell you how *The CHASE HOSPITAL DOLL* and *The CHASE HOSPITAL BABY* are made.

*The*  
**CHASE HOSPITAL BABY**  
M. J. CHASE

24 Park Place - - Pawtucket, R. I.

*Please mention The Public Health Nurse when writing to advertisers*

---

# *The* PUBLIC HEALTH NURSE

---

*Official Organ of The National Organization for Public Health Nursing*

---

Volume XVIII

FEBRUARY, 1926

Number 2

---

The International Council of Nurses opened its headquarters in Geneva a few months ago with Miss Christiane Reimann as permanent secretary. Miss Reimann, who sent us the pictures we reproduce, has also given us this picturesque description of the headquarters and its setting.

As you will see, it is only a modest beginning, and the walls are waiting for pictures of persons and subjects relating to the past as well as the present history of nursing.

land, this summer. The room is spacious and will provide an excellent place for the meetings of the Board of Directors, if so desired. It will also be useful for nurses



*The Conference Room*

The small office, with only one window, is passing through Geneva as a room for study Madame Velleman's domain. The furniture is of oak and the coloring of the room is green and old rose. Her typewriter is busily rattling away all day long when the telephone bell is not ringing, or she is not informing people that we are not an English employment agency for children's maids.

Our so-called Conference Room has four windows overlooking beautiful Lake Leman and the Place du Lac. The furniture is mahogany and the color of the wallpaper, curtains and tapestry of the furniture is blue with a tinge of drab, the former, the color of the International Council, being chosen according to decisions taken at Halila, Fin-

where they can utilize our international material.

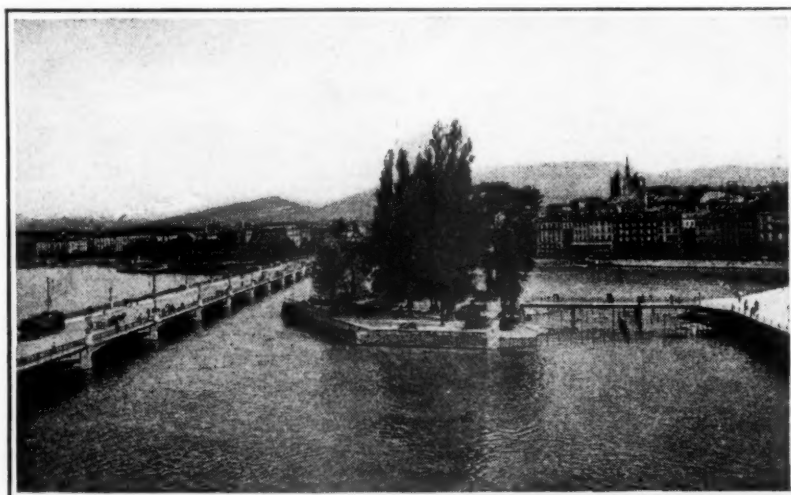
In this room are my working table and typewriter. Then comes our immense bookcase with four large glass doors; here I hope we shall have, with the assistance of our members and friends, a complete collection of nursing magazines from 21 countries edited in 13 languages. Other bookcases contain nursing texts and reference books, dictionaries and books on general information. The photograph does not show the two very large cupboards we have had built in the room itself. They are used for ma-

terial specially prepared by the different countries for the Council.

The headquarters are really ideally situated in the old part of the city. The view from the two windows at the end of the Conference Room is indeed beautiful, for it includes the lovely Lake Lemman, the Mont-Blanc Bridge and Rousseau's Island. Across the lake is the Mont-Blanc quay, then all the imposing hotels and the landing pier of the lake.

Other windows overlook the Place du Lac, one of the oldest squares in the city, and the Molard Tower. The Tower itself has been renovated and dates from the 13th century. The Molard is distinguished for its flower market with picturesque parasol-stalls.

One evening in the office, I had a very agreeable experience. It was during a national fete that is observed in memory of the Duke of Savoy's vain attack on the city in 1602, when the Genevese children parade the streets for three days wearing amusing and beautiful costumes. Suddenly I heard energetic drumming. Going to the window I saw a long procession headed by torchlights, then hundreds of young men on horseback clad in armor and helmets of the middle ages, borrowed from the museums. The procession stopped almost under my window, and a man in a striking red costume read a proclamation commemorating the event. The whole beautiful sight then disappeared into the night.



*Geneva, showing Mont Blanc and Rousseau's Island—I. C. N. Headquarters on the Water Front behind the Trees*

Now that the office of the International Council of Nurses is so firmly established in the picturesque city of many hopes and dreams we offer our New Year felicitations to the Council, to its president, Miss Nina Gage, and to Miss Reimann, with the happy certainty that the bonds of international friendship among us all will grow and be strengthened year by year.

At a meeting of the American Social Hygiene Association, Mr. Bascom Johnson, who has recently returned from an observation journey abroad, said that the most important of his observations was his sense of the growing influence of the League of Nations. The two impressions of the League which he emphasized were:

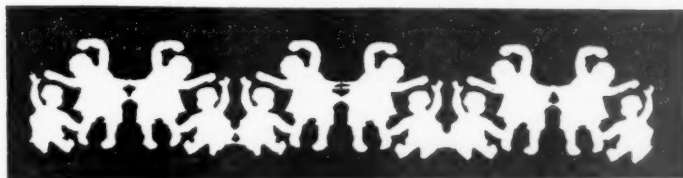
First, the value of the sustained and continuing conference system developed by the League, over a period of years, with the same conferees. Suspicions have vanished, fears have been allayed, understanding and confidence established. Out of this system definite programs carefully thought out and built up have emerged. Locarno in great measure has been the result of this slow but irresistible force.

Second, that Geneva is rapidly becoming a shrine to which the peoples of the world, including Americans, come as pilgrims to find inspiration and to gain courage for their hope of the rejuvenation of the world.

Mrs. Anna Garlin Spencer added simply, "Dear Geneva!"

# COMMUNITY BARRIERS TO MENTAL HYGIENE\*

BY FRANK J. O'BRIEN, A.M., Ph.D.  
Director Psychological Clinic, Louisville, Ky.



*Courtesy of Survey Graphic*

## *Behavior Problems*

IN this discussion of community barriers to mental hygiene we will not include any of the problems presented in the institutional care of those suffering from mental diseases (the insane), feeble-mindedness, or epilepsy and the like. We will confine our attention to some of the more common community barriers encountered in the field of preventive mental hygiene.

An analysis of these barriers indicates that they present at least a two-fold problem.

1. There are the barriers that result more directly from the community itself because of its attitude toward human behavior and its causes; even a community that is willing to accept any assistance that will make for healthier and more successful living "must be shown."

2. There are the barriers that are raised by the mental hygienists who are trying to discover and interpret to the community facts that will bring about a more successful social adjustment among its members.

### **Barriers to Mental Hygiene Due to the Community**

The barriers the community presents are almost entirely due to two general causes—the community is either uninformed or it is misinformed as to the subject matter, claims and responsibilities of the legitimate mental-hygiene group.

One source of this misunderstanding is the tendency on the part of many of our communities—or rather among certain groups in our communities—to

grasp wholeheartedly anything new or fantastic just because it is novel and not necessarily because of its true merit. Many movements are thus over-popularized and their basic truths, sound as they may be, are lost sight of in a mass of propaganda. As a result of this, and necessarily so, the thinking part of the community often ignores or at least looks with suspicion upon all new movements, or new interpretations of old and familiar ones. To what extent the community is responsible for this in the field of mental hygiene and to what extent the mental-hygienist group itself is to blame is at least worthy of consideration. The fact remains, however, that the situation exists.

The tendency on the part of organizations, associations, etc., to promote "study groups," "round tables," lecture courses, and the like and to allow Dr. Tom, Dick, or Harry to become their directing force regardless of his of her fitness or qualifications is another barrier to the sane teaching of mental hygiene. Most communities could be spared much, if not all, unsound teaching in mental hygiene if, before giving expression to their enthusiasm in action, they would consult recognized mental-hygiene authorities either national or local. In too few instances is any attempt made to seek out from recognized mental-hygiene experts either national or local, the qualifica-

\* Read at the Fifty-second Annual Meeting of the National Conference of Social Work, Denver, Colorado, June 15, 1925.

tions and background of "specialists" who are imported for this work.

So quacks and unscrupulous propagandists come into communities and as a rule do untold damage not only to the individuals who flock to hear them, but to the work in general.

#### *The Approach Through the Religious Field*

In many instances people seek an emotional outlet through attendance on lectures which, from their very nature, make possible emotional expression. This is especially true when approach is made through the religious field. When religion is used as the vehicle through which the subject matter is sold the receptive public, whether there is any intention to deceive or not, it easily becomes a screen through which the eyes of those participating find it impossible to penetrate to discern what they are or are not actually receiving from the experience.

Too frequently, in the clinical field, we are expected by the laity to perform miracles, to eradicate in a few minutes bad habits and undesirable mental trends of many years standing and to send forth a transformed individual. In fairness to the general public, it seems to me that much of the responsibility for this particular situation falls upon the shoulders of the mental hygienists themselves who, in the past, have at times been wont to put forth a too-enthusiastic program.

When one realizes how little we really know about human behavior, how ingrained habits are, and how very intangible at times are their causes, it is easy to realize that any change that is to be brought about in habit formation can be accomplished only as the result of long and painstaking treatment.

The child, as well as the adult, in its social relationships is the product of all the forces that have ever worked upon him. First of all, much depends upon the nature of the physical constitution that he has received through heredity. No one to-day can minimize the important rôle heredity plays in

the life of any human being. No matter how skilled the artisan (the environment in this case) may be, if he has not essentially sound and healthy material with which to work, he cannot fashion a strong article. He may improve it by skill, but he cannot essentially change it.

#### *The Influences That Shape Us*

After heredity the influences that tend to fashion us all may be grouped under three general headings:

1. Physical influences, those that are due to the status of our bodies and their individual organs in their functional relationships. If our bodies are not sound, if our organs are not healthy or do not function properly, we are liable to vary mentally from the normal to that extent.

2. Social influences, those of the home, such as the attitude of the parents toward the child, toward each other, toward the neighbors and others; those of the religious environment if any; those of the neighborhood, such as adequate recreative facilities or their lack; those of friends, business associates, etc.

3. Mental influences, first, the degree of intellectual equipment. Is it sufficient to cope successfully with the demands made upon it by the environment? Further, and by no means of less importance, is the type of personality that has been developed, and which depends almost entirely on all the other influences previously mentioned. Just what, for instance, does an individual think his place in life is? What does he believe he owes society and what does he believe that society in turn owes him? Does he feel that he and his ego are the center of the universe around which all things must necessarily revolve, or has he imbibed to some degree the spirit of altruism?

There is, therefore, no short cut to the study of an individual who presents a social difficulty. There is no panacea or cure-all. There is only one method by which we can attain to an adequate understanding of the causes of such an individual's behavior and consequently of his needs, and that is a complete analysis of him, physically, socially, mentally, and from the point of view of heredity.

I have indicated how large the field of investigation must be if we are honestly to learn the facts. It is obvious, therefore, that it is impossible for any one individual or clinic to

attempt unaided the solution of any of these behavior problems. Assistance must be called in from all sides and the valuable information of specialized groups solicited. For in this field of human behavior the problem presented in no wise necessarily indicates its cause.

#### *Behavior Problems—An Example*

For example, a child may play truant because of a personality difficulty. It may be that he is of the introvert type, unable within certain limits to express himself while in a group; he is over-introspective and sensitive; he has certain mild or deeply seated fears; and in order to escape the situation that calls upon him to perform under these conditions, he plays truant. It may be that he has not the average amount of intellectual endowment and that an attempt is being made by unwise teachers or parents or both to advance him in his school work further than he is actually capable of going; his way of proving his inability to meet the situation—which is by this time bringing about internal maladjustment as well as the external or school difficulty—is by playing truant.

It may be that there is a conflict between his personality and that of the teacher; the teacher holds a position of authority which both she and the child recognize, and in order to avoid what is very often a constant and unequal conflict, the child may play truant. It may be that home conditions are bad—that there is constant quarreling and wrangling there and the child is sent forth every morning with his sensitive nervous system vibrating, as it were, so that when he anticipates the amount of self-control it will be necessary to exert to meet the demands of the school, he more or less subconsciously realizes his inability to meet them and plays truant. It may be that his health is poor and that because of some organic trouble he is unable to remain quiet or to concentrate long enough to learn and as a result becomes both an academic and a disciplinary problem. Too frequently no attempt is made to find out the causes of this maladjustment, and to escape all this unpleasantness, he plays truant.

#### *Political Interference*

In some instances political interference is a drawback to the healthy development of a sound mental-hygiene program, especially along clinical lines. When any attempt is made to dictate as to personnel, tenure of office, salary, duties, and the like, for political purposes, then necessarily the program and its results are bound to suffer. It

is evident that the personnel for this work should be unusually well trained, both by academic education and by practical experience, and salaries must be commensurate with the qualifications required. As almost the entire budget goes to salaries, when the funds are inadequate, for any reason, or the nature of the personnel is prescribed for reasons other than those of professional fitness, the work is necessarily of a poorer quality.

#### *Social Organizations and Their Defects*

Dr. Haven Emerson, in his analysis of the health needs of a community, likens them to the health needs of an individual, showing that communities possess certain of the same qualities—for example, personalities—as individuals. It seems to me that social organizations also have certain qualities that are like those of individuals. Many organizations are working today along lines that were established many years ago—in other words, along the lines of “hereditary habits.” They approach their problems by certain formulae which were set up years ago and by which they have secured certain satisfactory results. They are satisfied with the results obtained; they are too busy to confer with allied groups about the problems presented by their clients; they find it easier to work in a groove that has been cut by years of action than to change their procedure in order that still better results may be obtained. Sometimes they have been so close to their work that they have not kept up with the newer findings in social sciences. They find it difficult to cooperate with the allied groups and often resist the establishment of such relationships, very largely at times because of a sense of inferiority for which they are overcompensating.

In this connection also it might be mentioned that too frequently an organization “holds on” to a case for months or even years before referring it to the mental hygienist for assistance, and consequently is disappointed at securing no concrete help from him.

After all, a social worker outside the psychiatric field who is doing a good piece of work can find out for herself, in months or years of contact with the family, almost all that the mental hygienist can tell her as a result of an examination. An examination, after all, is but a short cut to experience. However, if the problem presented by the client had been referred to the clinic when it first came to the agency's attention, they could have received, after a few hours or days of clinic study, at least as much knowledge—in some instances more—concerning the family as they themselves have been able to obtain after months and sometimes years of unnecessary experimentation.

#### **Barriers Due to the Mental Hygienists Themselves**

Prior to the establishment of clinics for preventive work in mental hygiene, a very extensive educational program had been carried on. Frequently the possibilities set forth in the way of prevention and correction were almost boundless. Later, when the clinical groups came into existence and attempted to discover, understand, and control the "cold facts" as they existed in individuals who presented bad traits or undesirable habits, their results were much more slowly secured and much less clear cut than had been foretold. Results were not always forthcoming. Individuals were brought to the clinic in whom bad habits had been allowed to grow and develop until they were a part of the personality and nothing essential could be accomplished in the way of betterment. Consequently, the community, having been educated to the point where it believed it had a right to expect a certain degree of assistance in its behavior problems, was often greatly disappointed at what the clinic actually accomplished or what, in terms of correction or cure, it gave as a prognosis. This disappointment on the part of the community was often reflected in a lack of confidence in the mental-hygiene movement itself.

Even the most optimistic clinicians

in this field of preventive medicine to-day recognize clearly that there are many and important limitations to what can be done in the way of habit training or reëducation. However, this merely emphasizes the fact that our knowledge of facts and our ability to control and modify old habits and to stimulate new ones is but in its infancy. Consequently, to-day, and for a long time to come, desirable results can be accomplished only in a very limited number of problems.

#### *Not a Panacea*

Organizations and individuals must realize that at the present time the mental-hygiene movement does not offer a panacea for human and social ills. Its chief hope lies in the fact that its technique—namely, the study of the individual and of his needs in terms of all the influences that have come to him and have fashioned him to be as he now is—offers the best solution of his personal and social difficulties that has been known or attempted up to this time.

In some communities the clinical group have been set up as a kind of "super-organization." Whether this has been due to the attitude the clinical group have taken toward themselves, or whether it is a position in which they have been placed because of the community's attitude toward them, or both, makes little difference. The fact is that as long as this attitude exists, the proper relating of the clinic activities to the needs of the community will be seriously hampered.

In dealing with the needs of the individuals who come to them for help, there can be no super-organization among social agencies. Each agency contributes its mite toward the solution of these problems. If any one of them ceases to function or functions poorly, then the results of all the other organizations also are apt to suffer.

It has been charged by some communities—and apparently with much justice—that some of our mental-hygiene clinics have been established and their programs formulated on the exclusive basis of the interests and

ideals of those who are directing the work and not at all to meet fundamentally the community's needs. Although idealism in any movement is desirable, nevertheless, in most cases, compromise must be made between perfection of scientific approach, on the one hand, and practical needs on the other. Any clinical group that ignores this fact is destined for trouble, if not dissolution, when the community "gets its bearings" and demands that its needs be met.

*Community May Not Recognize Its Own Needs*

Sometimes the community itself is responsible for this undesirable situation because of a failure to recognize its own needs, demanding that this or that type of clinic be established because another community has one of that kind. In this instance we have an example of that common, but always undesirable, tendency to "keep up with the Joneses." Frequently also, a community that has no mental-hygiene facilities clinically will want a type of clinic that represents the perfection of development in this field, losing sight of the fact that other communities with clinics of this type have for many years had clinics dealing with mental problems and that this particular type of clinic is an outgrowth of years of experience. Much difficulty could be avoided and communities better served if the type of clinics to be established in a given community were decided upon only after a survey of community needs had been made and not entirely upon some preconceived idea of what is the best or the latest thing.

The many and at times divergent teachings of those who are recognized as specialists in the mental-hygiene field have constituted another community barrier to the understanding of these problems. For some time past there has been evident in the medical profession and the field of social work in general an increasing interest in this phase of preventive medicine because of its obvious possibilities. Conse-

quently, individuals with various types of training have flocked to it—from the fields of general medicine, pathology, neuropathology, and psychiatry, and also from the fields of psychology, social work, and the like. Under these conditions it is inevitable that different interpretations, prognoses, and recommendations should be made in a given case. Is it any wonder that the community becomes confused when one "mental hygienist" explains a particular behavior problem entirely upon environmental grounds, while his colleague announces that the condition is due to heredity and therefore hopeless?

*A Condition Which Will Cure Itself*

There has not been sufficient time to develop an adequate type of training for work in this field because the mental-hygiene approach to the understanding of human behavior is relatively new. However, this barrier is not one that should cause any great amount of discouragement or anxiety, as it is but a condition that one would naturally expect to find in the developmental phase of any science. As we get to know more and more about the causes of human behavior and are able to weigh in an unbiased fashion the relative merits of heredity and environment, and as we become more competent in the controlling of these factors as they manifest themselves in the lives of human beings, the technique of treatment will become more uniform and the results obtained more favorable.

*Responsibilities of the Clinic*

In order that communities may raise as few barriers in the path of the clinic's progress as possible, they should recognize that at the present time and for some time to come the responsibilities of the clinic are threefold.

There is, first of all, the responsibility for *research*, for securing more knowledge of the causes of human behavior and thereby gaining a better understanding of individual needs and of the measures necessary to prevent bad habit formation.

There is the *educational* responsibility—the task of bringing the community to a better understanding of the problems with which mental hygiene is attempting to deal and of the machinery necessary to do this adequately. The community must be taught to appreciate the great desirability, from whatever angle, of reaching the child effectively at a time when he may be fashioned, or helped to fashion himself, into an individual so well integrated as an organism that all his activities will be desirable from

the point of view of society, as well as productive of happiness to himself.

There is the *clinical* responsibility—the responsibility of an adequately equipped mental-hygiene group to make practical application of the knowledge of human behavior problems gained through training and experience, with the aim, on the one hand, of reducing the ever-increasing number of failures and, on the other, of contributing toward a healthier and better humanity of to-morrow.

### HOW TO START PUBLIC HEALTH NURSING IN A NEW COUNTRY

The following report of a round table on "How to Start Public Health Nursing in a New Country," held at the Helsingfors Congress with Mlle. Cecile Mechelynck, Directrice Generale, Association des Infirmieres Visiteuses of Belgium, as chairman, gives an interesting picture of the difficulties encountered in initiating such work in the new countries of Europe.

Miss Danko of Austria read a paper on the qualifications required to undertake public health nursing efficiently. She believes that a course in nursing followed by a special course in public health nursing or social science, is the best preparation.

Miss Molnarova of Czecho-Slovakia emphasized the necessity for a sound post-graduate course with extensive field work. She read the program of an ideal course, which she hopes will be realized soon.

Miss Kuschke of Latvia explained that she would like to have such an ideal course in her country, but that there are many difficulties to overcome in a country devastated by war, where hospitals and training schools have to be reorganized and where the progress and the reforms are slow. At present in some instances Latvia is forced to use midwives with some public health training for its public health work. They have won the confidence of the mothers and do satisfactory child welfare work.

Miss Hodossy of Hungary, discussing the choice between generalized and specialized public health nursing in a new country, stated the necessity for a generalized program. She believes that too much overlapping is caused by specialized work, and hopes that her

country will soon adopt a generalized program.

Miss Wyon of China indicated the difficult situation of that vast country where public health nursing will only be possible when a number of Chinese nurses have been trained for the work, and are able to do home visiting and thus educate the Chinese.

In the open discussion which followed, Miss Evelyn Walker, Miss Mary S. Gardner and Miss Alma C. Haupt also spoke. Finally these resolutions were adopted:

1. A fully trained or graduate nurse with a special course in public health nursing is the best qualified person to undertake public health nursing efficiently.

2. In a new country it seems advisable to organize a generalized public health nursing course with definite field work to train nurses on a generalized scheme and give them opportunity in every branch of public health.

Emphasis is laid on the advantages of the International Course organized at Bedford College, London, by the League of Red Cross Societies, to train leaders. It brings together people from different nationalities, helps to promote friendly relations between them, makes international interchanges easier, and enlarges their scientific knowledge.

3. Every effort should be made to organize a generalized public health nursing service with bedside nursing care, but special survey fields may be organized for investigation.

## IN THE OLD COUNTRY

BY KATHARINE H. AMEND

Henry Street Nursing Service, New York City

Miss Amend spent three years with the American Friends Service Committee, working among the peasants of Eastern Europe. Fourteen months of that time she spent in Russia. For six months she lived alone in a Russian village at the foot of the Ural Mountains, forty-five miles from a railroad.

IT is not easy to step from the simple life of a village of the Middle Ages into the complicated whirl of the centers of the most highly developed technical culture the world has yet known. This is the problem of the majority of our immigrants of the last thirty years, particularly those coming from eastern and southern Europe. Most of the difficulties they present to America are the result of this giant leap across time. Those who have to deal with them are equally embarrassed by an inability to comprehend the existence, so different from their own, that has made these newcomers what they are.

If one understands one peasant group, one understands the main factors in the lives of them all, so an understanding of the Russian peasant gives a key to the majority of immigrant groups. The old Russian Empire covered a sixth of the earth's surface, and most of the emigrants came from the land. It is true that the Jews were not farmers but most of them came from the small towns that were the local market centers and where the psychology of the man who was close to the earth was dominant.

Life on the land is a precarious thing. So much depends on the weather—that uncontrollable element that seems to be in the hands of a wilful power. Bread is literally the staff of life, and with no bread there can be no schooling, no clothing, no new cattle, no feast-days.

The periods of planting and cutting and harvesting are brief, and life itself depends often on the high pressure labor of every "soul" in the family who can do more than toddle. Babies are carried along to the fields, and left under a shady bush, comforting

themselves as best they may with the comforters of bread—chewed by the mothers to soften them and tied up in bits of rag. If the death rate is high among the babies it is because the mothers lack time and knowledge—not because of a lack of love.

### *Few to Help*

Who could teach them? Out in the country there is always a dearth of those trained in science and the newer lore. The priest and the schoolteacher are the learned people—and usually they are "learned" only in contrast with their neighbors, for the educated do not bury themselves in country villages in Russia any more than they do in other lands. Nurses are non-existent outside the hospitals, and those in the hospitals are most often untrained. There may be one overworked doctor for the little hospital and the whole district of a hundred thousand people—and he perhaps is a hundred miles away across impassable mud or drifts.

Life, death, disease, storm—these are the grimmest mysteries. Every man must meet existence as best he can. A baby arrives and there is only the grandmother to help. If there are complications, if the mother or baby dies, that is fate and there is no use to complain. If the husband falls ill with a great fever, his wife and the family frantically poultice and smother him, but they feel fatalistically that the situation is beyond human power to remedy. Their real resource is to a higher power, and in hope they burn candles and make offerings.

These people, like all ignorant ones, are hemmed in by the fear of the unknown and the terrors that their own imaginations have erected, mighty

and diabolical agents projected by their own primitive minds, to account for the meaningless chaos of their lives. And a man who has lived through a childhood and adolescence subject to the powers of horse-shoes, candles and other imaginative beliefs does not learn overnight to obey new laws and gods in the terms of sanitary codes and rules beyond their understanding.

wooden structures within miles. Religion and the church are associated with every big moment in their lives.

#### *Difficulties When Complexity Begins*

The change from this life to the differently complicated life of a modern city is a tremendous one. At home a house was an un-complex thing. It was built by the owner from material gathered near at hand. If a



*A typical view of the Market Center in Sorochinskaya—between the Volga and the edge of Asia*

Village life is simplicity itself. A man makes his own house with his own strength, and takes from the soil the material for his own food and clothing. His wife helps him step by step.

Little money is in circulation and much of the trading at the weekly market is in kind. The more ambitious families try to send at least one child up to the market town for a term or two of schooling, but he works out his board, or brings the teacher so much "bread."

The markets, weddings, funerals, christenings and feast-days—these are the only recreations. Almost all the color and brightness in rural lives comes from the church with its rich pageantry and imaginative appeal. The rounded domes surmounted by their airy crosses rise high above the thatched villages, often the only

bit were destroyed the inhabitants had merely to go out to the fields to collect more sticks or clay. Fuel was wood or *kiziki*. Cooking was done by a leisurely all day process in the great oven. The range of food substance was small, limited to coarsely ground rye and wheat, to a few vegetables and fruits of a half-wild variety, occasional meat of cows and sheep, cheese and milk. Sweets and coffees, choice meat and condiments were rare delicacies, bought after much saving for the great holy days like Easter. Silks were handed down from mother to daughter.

In this life the children worked with the parents as soon as they could walk, and when they grew up there was no choice in the matter of work. The girls married to have homes when the father was gone, the boys took

wives to help them and settled down to forcing a living from the soil.

### *Changes of the New Life*

In the new life everything is changed. The terrors of the unknown are increased. Bewildered by strange customs and a stranger language, the immigrant seeks the company of country people who have come ahead of him. A friend helps him to find a home whose merit must be its cheapness. Water runs from a faucet that behaves in queer ways. Cooking must be done on stoves with peculiarly explosive qualities. Food cooked so rapidly sticks and burns and the only remedy seems to be grease and much of it.

At home, garbage and rubbish went into the open fire or were thrown to the pigs. Here men come at intervals, sent by unknown powers, demanding certain strange things as to the packing of refuse, the kind desired and the way it can be collected.

The immigrant finds a job, utterly new in its demands and purposes, and friends help him until he learns enough to obey orders and can draw the first pay that seems to be such a magnificent amount. But living costs so much and the newcomers do not learn easily to adjust the income and outlay. The new home has no bins and barns and every bite must be bought at meal-time from a convenient grocery. Food that had seemed the greatest delicacy is cheap and other foods that had been common as water, milk, for instance, are amazingly dear.

There are so many troubles. The babies do not thrive in the city, probably because the "air" is so bad. Of course, it is a wonderful thing to have at call a doctor, or even a "professor," who can be summoned at any time and who can write a magic paper that will perhaps bring medicine that will control the fever. It does cost much money to have such service but, after all, what is money worth without life?

But the father sickens. Medicine helps, perhaps, but in the meantime,

while he gathers strength, he must eat, and there is no meal bag in a convenient shed to fall back on. Work is irregular and money must be paid out constantly. The older children have learned the new language and chatter away in it to the mystification of their parents. With their ability to understand the new land and its customs they grow out of hand and rebel against the old strictness. It is increasingly difficult to maintain the old standards of life and conduct as the mother understood them in the village where every one knew his neighbors and public opinion limited conduct. Here the daughter no longer works with the mother as in the snowy days in the homeland. The father has no idea where his boy spends his time, or whose conduct he is copying. When the lad leaves school he feels superior to his illiterate old father, and will not wield a shovel beside him.

### *Difficulties of Adjustment*

Unless the parents are particularly keen and quick, they become hopelessly lost and remain unadjusted and uncomprehending in the new life. Sooner or later their home may be invaded by mysterious strangers who perhaps shatter their most cherished traditions. The bewildered family cannot understand these visitations that come from so many strange causes. A little fever in the family, a misused milk-bottle, an innocent louse on a child's head, a few days absence from school, an indiscreet daughter, a new baby, a couple of chickens kept in the kitchen, a "skinny" appearance on the part of Sanka—anything seems an excuse for an invasion in this paternalistic land.

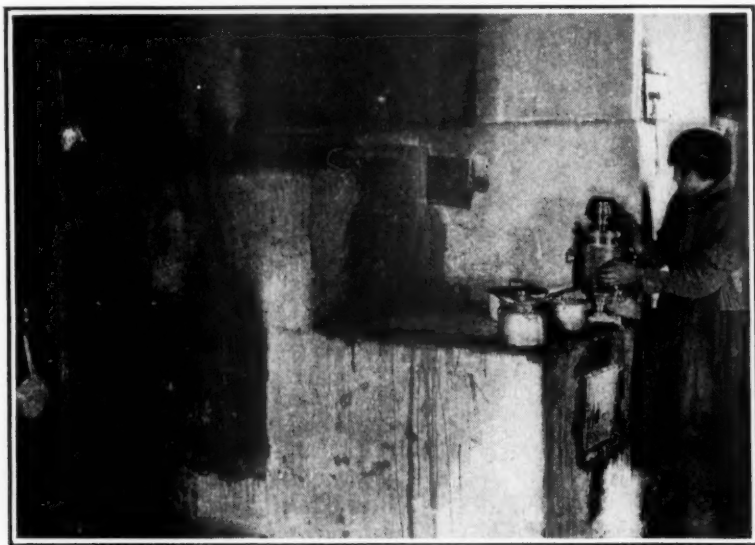
If the invader is that mysterious woman, a nurse, it is no wonder that the mother must regard her with deep suspicion. What can such a young person, and one who admits she has never had children, know or be able to tell to a woman who has borne nine and buried three. The poor child has the measles, and this girl wants to take all the clothes off the poor, fevered baby.

She particularly objects to the time-honored red-flannel shirt that anyone knows is a sure means of keeping the measles from "going in." She wants to wash the hot body, and every woman with any sense knows that will kill a child with fever.

In the old country no one ever went to hospitals except paupers who had no homes. The time arrives, perhaps, when the strange woman wants the baby sent to the hospital. A little

English that much of the teaching must be done through the local newspapers or the example of neighbors of the second generation. That stream is slow and uncertain. Months are required to teach American students a good technique in the care of contagious diseases, or the principles of budgeting, so we should not expect rapid returns from labor among the foreign born.

To appreciate the real helplessness



*The Kitchen with the Russian Stove—a comfortable sleeping place—in the Author's Cottage*

baby in a hospital! It would die and no one would notice. As if it hadn't a mother who had already cared for many children to nurse it!

Or the school decides that one of the boys must have cutting done to his nose. Why should it be done? No one ever felt the need in the old country to cut away a part of the body given by the good God. And people died in hospitals. Too, it was known that in the cities where the students were they always practiced on the poor. Who knows what might be done when the child was asleep!

Habits and beliefs of a lifetime cannot be unlearned overnight, and a will to learn and a long period of education are needed to make changes possible. So few adults really master

of the newcomers one must have lived in foreign lands, surrounded by strange customs and demands, helplessly dependent on others for interpretation, one must have longed eagerly for the accustomed food and manners, and protested furiously against this or that regulation that seemed senseless and—well, just "foreign." The worst of the situation from the standpoint of Americanization is that the poverty and helplessness of the immigrants usually throws them among the class that can help least and makes the poorest interpretation of American ways and customs to them, that often shocks and repels them by the laxness and immorality and greediness and squandering that come to stand for America.

## QUALIFICATIONS FOR PUBLIC HEALTH NURSING POSITIONS

Report of the Committee on Qualifications for Public Health Nursing Positions, representing the American Public Health Association, the State and Provincial Health Authorities of North America, and the National Organization for Public Health Nursing, presented to the Public Health Nursing Section of the A.P.H.A. at the Fifty-fourth Annual Meeting at St. Louis, Mo., October 21, 1925.

IT IS generally known that hospital training is not sufficient training for nurses in the public health field.

The committee instituted by the N.O.P.H.N. to study visiting nursing found during its study that the requirements for the educational background for nurses are very flexible.

With the rapid development of public health nursing, the demand for nurses has exceeded the supply of qualified workers and we must therefore adopt desirable standards for the nurses in the public health field.

In a rapidly growing and expanding profession such as public health nursing we are faced at the very outset with the need of standards. Workers in the field have, through using their common sense and meeting the emergency as it has arisen, acquired field technique. Wishing to utilize this experience, we have tried to find out what qualifications have enabled them to cope best with their problems.

It was the need of standards which caused the three national organizations, namely, the American Public Health Association, the State and Provincial Health Authorities of North America, and the N.O.P.H.N., to appoint a joint committee to consider the minimum qualifications for positions of directors and supervisors of public health, and in addition to consider the higher standards which we hope to attain in 1930.

More and more nurses are being used for specialized fields such as communicable diseases, tuberculosis, school nursing, etc. There will be a still greater demand for trained workers in the future. Therefore, it is our problem to develop standards, to work toward properly trained workers,

and to be prepared to supply those who are qualified.

By having properly qualified directors and supervisors the results of our work will be greater and more effectively done and intelligently supervised. In this way they will be able to get the best results out of their subordinates and thereby meet the needs of the individual community.

### STATISTICS

*NOTE.—Number of students in training now who are high school graduates can be obtained only through separate nurses examining boards.*

1. Schools of nursing, 1,744
2. Students registered, 50,897
3. Registration requirements of states:
  - 22 require 1 year high school
  - 10 require 2 years high school
  - 2 require 4 years high school (Ohio and Georgia)
  - New Hampshire prefers 4 years but requires 1 year
  - 4 require "admission to high school"
4. The following make no requirements regarding preliminary education:  
Washington, Tennessee, New Mexico, Nevada and Connecticut
5. The following require grammar school:  
Alabama, Mississippi, North Dakota and South Carolina
6. Rhode Island "as required by the board"
7. States requiring training schools to give "proof of preliminary education required or examination"
  - 5 states do not require
  - 23 do require
  - 14 question left blank
  - Wisconsin requires 4 years high school if under 18 years
  - Iowa schools make own entrance requirements
8. The percentage of nurses who received an introduction to the public health field while in training is very small. (This information has not been tabulated.)

### QUALIFICATIONS FOR THOSE APPOINTED TO POSITION OF SUPERVISING NURSE IN A PUBLIC HEALTH NURSING SERVICE

1. *Preliminary Education*  
The minimum academic background should be two years of high school.

## 2. Fundamental Nursing Education

(1) Graduation from a school for nurses connected with a general hospital having a daily average of 30 patients or more and a continuous training in the hospital of not less than two years. Training shall include practical experience in caring for men, women and children, together with the theoretical and practical instruction in medical, surgical, obstetrical and pediatric nursing. Training may be secured in one or more hospitals.

(2) In addition to the services required in the fundamental technical education (obstetrics, pediatric, medical and surgical nursing), theoretical instruction and practical experience in one or more of the following services:

Public Health Nursing  
Communicable Disease Nursing  
Tuberculosis Nursing  
Hospital Social Service  
Mental Hygiene

(These services may be given in the school or taken as post-graduate work.)

(3) State registration in the state in which the nurse is to be employed.

## 3. Qualifications

In general a nurse supervisor should have the minimum qualifications outlined for the staff worker for 1930 and in addition she should have:

(1) Technical skill in the special field of public health nursing she is supervising.

(2) Ability to impart information in a constructive and sympathetic manner.

(3) Ability to delegate work and keep a satisfactory balance in the division of responsibilities.

(4) Ability to correlate the work of her organization with that of other social and health agencies in the community.

(5) Ability to stimulate initiative and progress of staff nurses.

(6) Loyalty.

(7) Understanding of personalities and ability to deal with them.

(8) A personality that inspires confidence.

(9) Interest demonstrated by activity in:

(a) Profession  
(b) Community

(10) Good health.

## QUALIFICATIONS FOR THOSE APPOINTED TO POSITION OF DIRECTOR OF A PUBLIC HEALTH NURSING SERVICE

### 1. Minimum Qualifications for 1925—

These are in accordance with the qualifications for those appointed to positions in public health nursing as presented by the Committee to Formulate Standards for Positions

in Public Health Nursing of the American Public Health Association presented at the Fifty-third Annual Meeting in Detroit, October 20, 1924, entitled "Desirable Qualifications for 1925" to become the Minimum Qualifications for 1930 or 1927, if possible.

a. For nurses graduating from schools of nursing since 1920.

(1) At least two years of high school education.

(2) Fundamental nursing education—namely: Graduation from a school for nurses connected with a general hospital having a daily average of 30 patients or more and a continuous training in the hospital of not less than two years. Training shall include practical experience in caring for men, women and children, together with the theoretical, obstetrical and pediatric nursing. Training may be secured in one or more hospitals.

(3) In addition to the services required in the fundamental technical education (obstetrics, pediatric, medical and surgical nursing), theoretical instruction and practical experience in one or more of the following services:

Public Health Nursing  
Communicable Disease Nursing  
Tuberculosis Nursing  
Hospital Social Service  
Mental Hygiene

(These services may be given in the school or taken as post-graduate work.)

(4) State registration in the state in which the nurse is to be employed.

b. For nurses graduating from schools of nursing before 1920.

(1) No academic qualifications stated.

(2) Professional training or experience which has developed a wisdom and judgment which is valuable in the public health nursing field in spite of the lack of formal academic education.

(3) Fundamental nursing education—namely: Graduation from a school for nurses connected with a general hospital having a daily average of 30 patients or more and a continuous training in the hospital of not less than two years. Training shall include practical experience in caring for men, women and children, together with the theoretical and practical instruction in medical, surgical, obstetrical and pediatric nursing. Training may be secured in one or more hospitals.

(4) In addition to the services required in the fundamental technical education (obstetric, pediatric, medical and surgical nursing), theoretical instruction and practical experience in one or more of the following services:

Public Health Nursing  
Communicable Disease Nursing

Tuberculosis Nursing  
Hospital Social Service  
Mental Hygiene

(5) State registration in the state in which the nurse is to be employed.

## 2. Minimum Qualifications for 1930.

### a. Preliminary Education

The minimum academic background should be a high school education or its equivalent.

A college education should be recognized as a very material additional asset. Since this position presupposes a breadth of vision and the ability to deal with people, it is to be hoped that no organization will consider the appointment of a director who has not acquired two years of education beyond the minimum requirement of education for her staff.

### b. Fundamental Nursing Education

Graduation from a school of nursing accredited in the state in which it is located and connected with a general hospital having a daily average of 30 patients or more and giving a continuous course in a school of nursing of not less than two years.

This nursing course shall include practical experience in the care of men, women and children together with theoretical and practical instruction in medical, surgical, obstetrical, pediatric and communicable disease nursing.

### c. Public Health Preparation and Experience

(1) A nurse should have had at least two years of practical public health nursing field experience with a well organized association, in part at least in some administrative capacity, and she should have successfully demonstrated administrative ability and the power to interpret the health needs of the community.

This report, which also appeared in the January issue of the *American Journal of Public Health*, has not yet been adopted by the N.O.P.H.N. We ask the opinion of our members on the various points considered in this report. These can be sent to headquarters.

The earlier report, *Standardizing Qualifications for Public Health Nursing Positions*, appeared in our June, 1925, number.

(2) She should also have had a recognized public health nursing course in an educational institution presenting both theoretical and practical instruction including adequately supervised experience.

(3) An extensive and varied field experience may be considered to stand in part as an equivalent for such a public health nursing course.

(4) In addition to the services required in the fundamental nursing education, a candidate may have had practical experience in the following services:

Maternal Welfare

Infant Welfare

Communicable Disease Nursing, including Tuberculosis. Experience in School Nursing may be considered an additional asset and quite essential for some positions.

(5) Registration under some state nurse practice law.

(6) She should of course have manifested wisdom, imagination, vision, judgment, loyalty and other traits of personality which constitute genuine leadership and executive ability which will enable her to inculcate in the minds of the members of the staff a desire to keep abreast of all the latest developments which affect the work in which they are engaged.

HELEN C. LAMALLE, R.N., *Chairman*

ANNA L. TITTMAN, R.N.

THERESA KRAKER, R.N.

MABELLE WELSH, R.N.

S. J. CRUMBINE, M.D.

A. T. MCCORMACK, M.D.

EUGENE R. KELLEY, M.D.

## A GOOD EXAMPLE

Colored smocks, in shades to suit individual taste, have been adopted as the professional dress for practice work with little children by students of the Cleveland kindergarten primary training school. The smock may be used in lieu of a dress in warm weather, and may be worn over the street dress in winter. The smocks are washable, they can be obtained in a number of bright colors, the children admire them, and they help create a cheerful atmosphere. The freedom of movement, and the suitable neck lines, long sleeves, and pockets large enough to hold notebook and pencils, add to their appropriateness.

*School Life.*

# CONTINUING THE CASE FOR GENERALIZATION

*As Developed in the Cattaraugus County Demonstration\**

BY LAURA A. GAMBLE

Director of Nursing, Cattaraugus County Board of Health, New York

Given at a session on *Organization of and Experience with the Generalized System of Public Health Nursing in Current New York Demonstrations*, at the New York Tuberculosis and Health Conference, November 19, 1925.

A GENERALIZED public health nursing service was organized by the Cattaraugus County Health Demonstration early in 1923. Following the preliminary survey and organization of the county into six so-called "nursing districts," well equipped district stations were established in each to serve as headquarters for the nurses and as health centres for the districts. From these centres the nurses carry on the various phases of the work.

In the early organization of the activities of the Demonstration into bureaus under the County Board of Health having charge of the different branches of the work, no separate bureau of public health nursing was established, but the time and activities of the nurses were allocated against the various bureaus in operation. However, the development of the nursing service has led to the establishment of a Bureau of Public Health Nursing which at present includes a director, two special supervisors and twelve field nurses. From this bureau all the activities of the nurses are directed and supervised, cooperating closely with the other bureaus of the County Board of Health and with the School Medical Service. Cattaraugus County has a fully organized school hygiene district comprising both urban and rural schools and, with the exception of four communities where school nurses are employed by the Boards of

Education, the nurses of the Demonstration are doing the school work.

The program of public health nursing is planned primarily on a district basis, and it would seem that this generalized plan has been of real service to Cattaraugus County.

### *Phases of Service*

In 272 schools the nurses are carrying out a school nursing program of routine inspection, health teaching, and home visiting to urge correction of defects and to teach health habits. This phase of their work is directed by the School Medical Service through their special supervising nurse, maintaining a close cooperation with the Bureau of Nursing. The large number of isolated rural schools, sometimes with an enrollment of less than a dozen pupils, makes this phase of our work unusually difficult.

In our tuberculosis nursing one of the main projects has been a case finding campaign in which the generalized service has been of distinct advantage in giving the nurses many contacts with the people of their districts. This was so particularly in their school work which gave them an entrée to practically all the homes of their districts. The Bureau of Tuberculosis has outlined a program of home supervision and sanitarium treatment used by the nurses in their supervision of diagnosed cases, contacts and undetermined cases.

Every case of communicable dis-

\*The Cattaraugus County Health Demonstration is one of three undertaken by the Milbank Memorial Fund. The State Charities Aid Association of New York is the organizing and advisory agency for the Demonstration. A County Board of Health, the first to be developed in New York state, is an important feature of the Demonstration. County appropriations for the work are supplemented by the Milbank Memorial Fund to ensure a comprehensive public health program.

ease reported to the County Board of Health is also reported to the nurses in the districts who are working with the local health officers in the control of communicable disease.

Our maternity, infancy and child hygiene work is developing slowly, largely because this Bureau is not as yet functioning. The nurses are making many home visits teaching and demonstrating the care of mother and child, and there is an increasing demand for this service which we hope to be able to meet as our plans develop.

The nurses are also doing some bedside nursing; are responsible to a large extent for the appointments for the various clinics held; for nursing service in the clinics; and for helping in our public health education program.

Sometimes it would seem that our generalized program is in danger of becoming too general and there are many "out of the ordinary" services which are rendered daily by the nurses—not because it is a part of their job—but because many times no one else is available.

As the work has developed, many social and nutrition problems have been encountered. Last year a nutritionist was added to our staff to make a study of the nutritional needs of the county, and she has helped in carrying many of these problems. This year the nutritionist was included in the Bureau of Nursing as a special supervisor and has worked with the nurses in their school and home visiting.

The social problems which are numerous and in many instances of long standing are referred to the county social worker who serves as a consultant to the nursing staff and who works closely with the nurses in their districts.

A system of records has been set up in the central office of the County Board of Health through which a current file is kept from daily reports of the nurses of visits, services rendered, time spent on different types of service, transportation and records. In the

districts the nurses carry their family, school and clinic records for all cases under supervision.

#### *Community Committees*

Committees of representative groups of lay people have been organized in the different communities of the county. These committees meet regularly with the nurses and the members are becoming thoroughly familiar with all the details of their work. Local interest has been stimulated by these groups and we hope to create through them a definite sense of responsibility in the community for the work of their public health nurse—also to make possible that fundamental principle of the close cooperation of the professional and lay worker.

Regular staff meetings, to which all nurses in the county doing any type of public health work are invited, are held for discussion of and instruction in the county public health program. These meetings have proved their value in promoting a clearer understanding between the workers.

One organization has accepted the supervision of our special supervisor in tuberculosis nursing and the other county workers submit their monthly reports to the Director of the Bureau of Nursing.

Transportation is an important factor in our rural nursing program. Without our indispensable Fords we would indeed be helpless. Transportation in Cattaraugus County consumes about 20 per cent of our nurses' time.

It is early as yet to draw conclusions as to the results of our generalized nursing service in Cattaraugus County but three facts have already been shown to the workers in the field:

That a generalized nursing service is the practical type of service for rural work.

That the district basis for decentralizing the county nursing program has made it possible to adapt the nursing service to the needs of the community it serves.

That it is an advantage for every nurse attempting a generalized program in a rural district to have a general public health training.

## NURSING ON THE FRONTIER IN OUR GREAT SOUTHWEST

By JULIA R. SUNDT

Sheppard-Towner Field Nurse, East Las Vegas, New Mexico

Eighth in the series of "Our Adventurers."

THE blood of my Viking ancestors oxygenized with pure New Mexico air and sunshine is flowing hot in my veins. For I am a Norwegian by blood and a native New Mexican by birth.

weather some of the roads are impassable. The Governor of New Mexico would bear me out in this statement, for did he not spend a whole night in Nutrias Valley (twenty-five miles from Chama, the third



*Winnowing Frijoles—Our Midwives are Found among this Type of Women*

The county in which I am now working is one of the largest in the state, being more than 5,400 square miles in area. Its chief industry is cattle and sheep raising, and there is a little farming. It is also one of the most thickly populated counties in the state, claiming about 20,000 population. It is one of the most primitive. Compulsory educational and health laws are neither known nor observed by the natives as a whole. The population is chiefly Indian and Mexican (Spanish-American) although there are a few Americans scattered throughout.

In this land, traveling distances are great, not only as a result of the many miles between settlements, but also because of the poor roads. In rainy

largest live stock shipping point in New Mexico) stuck in the clay mud, thus missing his appointment in Lumberton (sixty miles distant), where he was due the next day to attend the funeral services of a worthy countryman? I am told that in winter all roads in the northern half of the county are closed for about four months because of the deep snow.

In this vast frontier country it has, during the past few months, been my privilege to work and play. With a new Chevrolet coupe, equipped with extra tire, tools, tow rope, pick and shovel, and professional instruments and supplies I have traveled many thousands of miles. Since most of the time I travel alone, I carry a gun (loaded) for self-protection. To date

I have not been required to use my gun except for target practice on prairie dogs, but I feel safer carrying it for I know that if I ever need it, I shall need it badly.

After going about four thousand miles without accident I was inflicted one day with four blowouts and had to be pulled out of three mud holes and off one high center, besides missing an afternoon appointment (the first miss I have made). Also on that trip I had to build a bridge in order to cross safely over a swampy place. To do this I dragged two heavy railroad ties to the spot and placed them across the ditch with the distance between each equal to the width of my car so that my car wheels could cross over on same. Then I made a straight run at the improvised bridge and crossed safely over.

#### *Winning Confidence*

Before I could give the people any instruction concerning their health, I found it most necessary to "win their confidence," for the natives look with suspicion on all strangers. Therefore when starting the work here I made a general survey of the county in company with my chief, and we met as many of the influential leaders of the county as possible. Later when I returned to the different towns I sought the leaders and through them gathered their women and children (also some men) together in groups, weighed and measured babies and preschool children and a few children of school age, and gave other classes of instruction.

I have met with varied responses to my efforts. In one town after having a conference advertised in a Catholic church on the previous Sunday I had the pleasure of facing a gathering of more than fifty mothers, fathers, babies and children. The group was so large I had to keep about one-third waiting until the next day. In another town where the school authorities as well as the church advertised, I went to the school house at my appointed hour and, alas, not one person appeared. I finally went about among the people and made home visits, and

several days later when I again called a conference I was able to get a worthwhile gathering.

Search where you may you will never find people friendlier or more



*A Native Boy with a Trapped Coyote*

kind than these people are when they know you and like you.

Not long ago I found myself in a serious predicament. I had lost control of my car and it had turned over on its side on a steep incline about one mile out of Cordova, a little Spanish-American village near the foot of Truchas Peaks. I ran down the mountain side and sought help of six men, who in their gracious, easy going manner (yes, they always take their time and thus this land has justly received the title: "Land of Mañana") returned with me to the scene of my accident. Together they turned my car upright and most graciously declined remuneration with the words "*por nada*" (it is nothing) and "*me gusto mucho*" (it pleased me).

Recently the county health officer was called to attend a woman who had been shot by her husband through the pelvis, from one hip to the other, the bullet perforating the intestines. The doctor and I arrived about eight hours after the shooting and we found the woman stretched out on a cot in an adobe hut.

I proceeded to give the anesthetic and shooed flies while the doctor operated. After completing the job the doctor remarked, "I have done all I can. Now I will leave her to the mercy of God."

A week ago when I again visited the patient I found her out of bed, the drain had been removed by the doctor, and the wound had healed. The woman had only the scar and a small lump on her right side where the bullet had lodged, to remind her of her husband's evil intentions.

#### *Medicine*

One of the greatest difficulties to overcome in dealing with the Spanish-American natives is their great faith in their medicine women who dole out different medicines as "sure cure" for all sicknesses.

Recently I was called to the bedside of a three months old baby girl who was suffering from a gastro-intestinal upset. On entering the home I found the baby lying still on the bed. I

loosened her clothing and found a green weed poultice at her feet, another on her chest and abdomen and several slices of fresh potato and a tobacco stamp on her head. I removed these poultices and demonstrated the proper care of the external body. I noticed a bottle of medicine with the local doctor's name on it and asked if the baby was getting its medicine regularly. They informed me that it was. A little later I returned with the doctor to the home and to my great horror we found the child in the arms of a medicine woman. All the poultices had been reapplied to the weak little body and on the table were several glasses containing queer looking concoctions. In one glass was a miller moth swimming around in some water, in another some finely cut red herbs, and in a third a brown seed mixture. All three remedies were being administered in their turn and the doctor's medicine was thrown in for good measure. The next morning I heard the church bell tolling.

---

#### THE "LITTLE THINGS" IN NUTRITION

It has become common in these days to refer to the importance of the "little things" in nutrition. The tendency has received such popular impetus that *The Journal* was recently impelled to comment on the inadvisability of forgetting some of the other factors that should look large, and to warn against the danger of indifference to the long established truths of physiology. There was a time when students of medicine were impressed with the greatness of certain physiologic accomplishments. The daily work of the heart was expressed in terms of man-power. Thus, supposing the heart to beat 72 times a minute, the day's work of the left ventricle would approximate 60,000 kilogrammeters. Calculating the work of the right ventricle at one-fourth of that of the left, the work of the whole heart would amount to 75,000 kilogrammeters, which is just about the amount of work done in the ascent of the highest peak of the Catskills by a tolerably heavy man. In comparison with such large physiologic performances, how small are the "little things" that function in important ways. Japanese investigators who have recently made attempts to identify vitamin A have isolated substances that were fed successfully in dilutions of one or two parts per million. And Levene and van der Hoeven of the Rockefeller Institute for Medical Research have secured products containing vitamin B in such concentration that presumably less than 15 parts per million of the energy-yielding foodstuffs suffice to satisfy the need of this food factor. In comparison with such potent dilutions, the ordinary contaminants of our food seem enormous. Small wonder that the "little things" have become respected.

*Journal American Medical Association, November 21, 1925.*

---

**The Breakers Hotel will be headquarters for N.O.P.H.N. during the American Health Congress in Atlantic City, May 17-22, 1926**

# A BALANCED PUBLIC HEALTH NURSING PROGRAM\*

By W. F. WALKER, D.P.H.

Field Director, Committee on Administrative Practice of  
American Public Health Association



DEMANDS FOR NURSING SERVICE IN A CITY OF 50,000

## KEY

Each spoke of the wheel indicates a field of nursing service which exists in every city. The figures on the spokes indicate the demands for such service in the average city of 50,000. If a balanced nursing service is to exist in a community of 50,000, the number of nurses indicated on the rim opposite each of the spokes should be available for that service.

What do we mean by a balanced public health nursing program? Do we mean that the extent of the various nursing services rendered is equal to the need or do we mean that bedside or school nursing bears a certain defi-

nite relation to the service rendered in communicable diseases or child welfare? Perhaps we mean that a balanced program must satisfy both of these conditions. Let us assume that the latter is the case.

\* Read before the Sixth Annual Conference of Ohio Health Commissioners, Columbus, Ohio, November 19, 1925.

The subject then may be discussed under the following topics:

- a. The need for a nursing service in the community.
- b. How to test for balance.
- c. How to obtain a balanced program.

In order to have a tangible basis for discussion and because the American Child Health Association has recently prepared a plan of public health nursing service for a city of 50,000, let us use this as a point of departure.

#### *Eight Demands*

Every city of 50,000 has these eight distinct demands for a nursing service: Maternity, infant, school, communicable disease, tuberculosis, venereal disease, bedside, and industrial. The extent of each may vary slightly from city to city but with the possible exception of industrial nursing the demand is surprisingly constant.

That we may not be confused let us leave the matter of numbers of nurses out of the question for a few minutes and consider only the magnitude of specific nursing demands. Please consider these items from the viewpoint of your official position as the person charged with the protection and promotion of public health.

#### *Needs of Maternity and Childhood*

Consider first maternity. In a city of 50,000 there are on an average 1,200 births annually. This is an unescapable and perennial demand for nursing service. Twenty-six per cent are first babies, whose mothers would find a nurse's friendly call and advice most helpful in planning the details and equipment for the auspicious occasion. The physicians caring for these cases find a nursing service a valuable aid in extending the prenatal supervision from the office to the home. Fifty per cent of these mothers will be delivered in a hospital. The other 600 will demand nursing service in some form at the time of delivery and during the post-partum period. Considering that roughly 60 per cent of the deaths of infants under one year occur in the first month of life there is probably at present no more productive

field in the prevention of infant mortality than a well-organized and properly supervised prenatal and maternity service.

Following our 1,200 births through the first year of life we will have 1,150 infants under one year who have just claim for attention from a public health nursing service. With them are also 4,400 runabouts, or preschool children. To this group a nurse's visit means:

- Advice on feeding
- Supervision of treatment recommended by a physician or clinic
- Observation and advice regarding the formation of proper health habits.

Whether these children are the patients of private physicians or registered for medical advice and supervision with a public clinic, some nursing service is indispensable for their best interests. The 8,000 school children make the demand for periodic inspection by a nurse. They require the intelligent presentation of their physical handicaps to their parents in order that proper correction may speedily result. The nurse in this instance frequently becomes the liaison officer between the school and the home for the adjustment of matters physical.

#### *Care in Communicable Disease*

Considering communicable diseases next we find that a city of 50,000 will average 1,200 cases of acute reportable diseases annually. Practically every city has come to the realization that this number can only be held in check or actually minimized through the efforts of a nursing service devoted to instruction, supervision and specific prevention.

Specific problems such as tuberculosis and the venereal diseases may have respectively 2,200 cases and contacts of tuberculosis requiring nursing ministrations through the year, and 1,000 cases and contacts of venereal diseases will require attention either in the clinic or home, or both.

#### *Bedside Care*

The problem of bedside care of medical and surgical cases, the nurs-

ing of chronics, and hourly service, will extend to the entire community. Hourly nursing service is designed primarily for persons requiring skilled nursing care but who do not need the full time of a private nurse. These types of service should be available to any of the 50,000.

Industrial plants have found it well worth while to maintain a nursing service within their plants. In the average city of 50,000 we may expect 10,000 employes who require such service.

#### *Comparison with Standards*

Now having before us the sum total of demands for public health nursing service in the community, let us consider the nursing service required to meet these demands. The nursing program prepared by the American Child Health Association and published in the report of a health survey of cities from 40,000 to 70,000 estimates that 3 nurses will be required for the proper care of the maternity service, two-thirds of the nurse's time being devoted to delivery and post-partum care and one-third to the educational work in clinic and field. Though it is estimated that 600 mothers will require some form of nursing care in their homes at the time of delivery, a considerable number will be cared for by midwives or by other members of the family and not receive service from a nursing association or health agency.

The 5,500 infants and preschool children are considered to require the full time of 6 nurses for the 7,000 visits per year to 50 per cent of the infants and 3,500 visits to 25 per cent of the preschool group. Certainly that cannot be considered overbalanced.

It is estimated that:

Eight thousand grade school children will need 4 nurses devoting half of their time to inspection and physical examination and the remainder to the 4,000 home visits.

The time of 2 nurses will be completely occupied with the 1,200 cases of communicable diseases which will require between 4,000 and 5,000 visits annually.

The specific problems of tuberculosis and the venereal diseases, with their 3,200 individuals affected either as cases or contacts, surely merit the entire attention of 1 nurse each.

So far we have covered the 6 services which are ordinarily considered in the public health nursing program and have shown, I believe, a rational need for 17 full time nurses.

#### *Maximum Calls for Satisfactory Service*

Information gathered by the National Organization for Public Health Nursing indicates that 2,000 calls per nurse per year is approximately the maximum for satisfactory and thorough service. Accepting these figures of nurses and service we will find them to be in close agreement with the standards set up in the appraisal form for satisfactory health work. The bedside care of the sick—medical and surgical cases, chronics, mental cases, etc.—for 50,000 people will amount on the average to from 16,000 to 20,000 visits annually and require 9 nurses.

A modest estimate of the industrial nursing within industrial plants will require 3 nurses, bringing the total up to 29 nurses engaged in public health service in a city of 50,000.

#### *How Cities Are Obtaining Balanced Programs*

Obviously such a nursing program is outside the scope of the official health service of cities at the present time, and it is certainly beyond the range of a service supported entirely by taxation. That these demands for nursing service exist and have to be met in cities which presume to do thorough public health work is hardly debatable. Many cities are already meeting these standards to the extent of 70 per cent or better by proper coordination of nursing effort.

In a city of 50,000, for example, practically the entire nursing service of the community is organized under a private nursing association and the public buys such service from it as it requires. The health department buys its communicable disease nursing serv-

ice. The board of education buys its service for school children. The service is available for individuals or organizations at a nominal figure under the direction which assures great efficiency and economy of effort. A unique feature is that this service has become an accepted activity in the community life.

In a middle western city of 160,000 population a similar plan exists, with but slight modifications.

*Efficiency of Service the Important Aim*

The agency under whose direction such a service is organized is of less moment than that an economical, well-

trained and efficient service is available in a community without duplication of effort or leaving parts of the program untouched. It should be the aim of such a service to sell itself to the community so that individuals will gladly pay for all services which cannot be construed as coming under the police power of the health department or as a part of a program of health education.

It is, therefore, an important obligation of the health officer to recognize the demand for a public health nursing service in his community, to encourage and use his best efforts to provide facilities for meeting this demand.

---

An article by Oswald B. Powell on "Co-Education at Bedales, One of the English Laboratory Schools," concludes with a statement of the author's faith. We quote the final paragraph.

The lasting happiness of marriage and of family life is not going to be based permanently on the discovery of some perfect contraceptive, innocuous to health and aesthetically unobjectionable, but on the fullness, the abundance of life and of interests, of art, of work, of play, of every sort of creative activity *shared* by women and men, on a self-control, no longer a negative but a positive virtue, that will come not as an "inhibition," a penance, an asceticism, but as the healthy outcome of a healthy life. Facing that hope for mankind there is a staggering mass of inert opposition, the whole weight of our commercial and industrial system that challenges all who believe in a saner and more beautiful life to do all in their power, even if it be but a tiny experiment in one small corner of the world, to prepare the soil and the seed to the best of their ability.

*The New Era.*

---

A Mothercraft Home and Training School for Nurses in Child Welfare Work has recently been opened in Hobart, Tasmania. The need has been keenly felt for some time and early in this year the Child Welfare Association has been fortunate in securing Flint House at New Town, a solidly built old stone house, easily accessible by tram or train, yet quiet, and surrounded by an old garden. The aspect is a sunny one, and when a verandah and balcony are added, the house will be well adapted for its present use. The work of the Mothercraft Home is carried on according to the Plunket System of New Zealand, and is similar to the Karitane Hospitals of that country.

It is also used as a training school for student nurses in child welfare work.

The value of such a training for all nurses is now widely recognized. The technique of rearing a normal baby, the intricacies of dieting throughout the first year or two of life, the establishment and continuance of breast-feeding in 99 per cent of all mothers under her care, are but some of the points with which a nurse is expected to be familiar, but which are nevertheless touched upon lightly, if at all, in her training. The additional scientific and accurate knowledge gained during a post-graduate course of study such as this one in Child Welfare, has proved a matter of surprise as well as satisfaction to many an experienced nurse, who has thus increased greatly her efficiency.

*Australasian Nurses Journal.*

# PRESENT OBJECTIVES, SCOPE OF WORK AND METHODS IN SCHOOL NURSING

FOREWORD: This Outline is the result of a staff project undertaken by Miss Elmira Bears. The group assisting in the work has been limited to members able to attend conferences in New York. It has included:

Mary Brownell, Assistant Director, N.O.P.H.N.  
Matilda Harris, American Red Cross Field Representative for Washington Area  
Gertrude Hodgman, former Educational Secretary, N.O.P.H.N.  
Mary Hulsizer, Instructor in Nursing Education, Teachers College, Columbia University  
Beatrice Short, Secretary for School Nursing, N.O.P.H.N.  
Harriet Wedgwood, Staff Associate, Division of Health Education, A.C.H.A.  
Elmira Bears Wickenden, former Secretary for School Nursing, N.O.P.H.N.

While on field trips this Fall I took the opportunity to get the reaction of school nurses in different sections visited to these "Objectives and Methods."

We invite discussion and comments. Does your work measure up to this outline? Is it a good goal to work toward? Let us hear from you. BEATRICE SHORT

Inasmuch as the school nurse is interested primarily in the school child, she, if successful, is working in a field which includes the home and the community as well as the school itself. Her contact with a number of different professional groups necessitates a careful analysis of her responsibilities in relation to these groups, and of her own and their contribution to the health program of the schools. If she is to realize her opportunities, she should see the school health program in its dual relationship to the educational program, and to the public welfare movement.

The primary goal of every school nurse should be to secure maximum health and intelligent cooperation of the school child. In working toward this end, her work is closely related to the activities of parents, of teachers, and of other health and social workers in the home, the school and the community. Inevitably, her experience proves that she, as well as other health and welfare workers, is interested in the family as a unit and not just in the school child.

The school nurse, because she is especially equipped with knowledge and experience in nursing, might use the following methods in striving to attain this objective:

## IN THE SCHOOL

*In the school her interest is centered in:*

### I. The health supervision of pupils and of school personnel by means of:

Assistance to physicians in making examinations.

Regular inspections for the purpose of detecting symptoms of deviations from normal health, including weighing and measuring.

Advice and conferences with individuals and groups regarding the correction of defects.

Group and individual teaching of desirable habits of living.

Daily inspection of pupils.

a. Returning after absence because of illness.

b. Referred by teachers.

Inspection, as indicated, for control

of communicable disease.

a. Advice as necessary.

b. Exclusion and culture as necessary, if cultures are authorized.

Nursing care of emergencies.

### II. Securing and maintaining a healthful school environment by assisting in and promoting plans for:

Proper school sites.

Correctly constructed and equipped buildings.

Adequate and proper playgrounds.

Adequate and sanitary toilet facilities.

Drinking water and hand washing facilities.

Hygienic management of school grounds, plants and supplies, including heating, ventilating, cleaning, lighting, correct adjustment of seats and hygienic

choice of classroom furnishings and supplies.

Hygienic management of the school program in such matters as length and arrangement of school day, class and recess periods.

Equipment for mid-day lunch, where such service is needed.

### III. Endeavoring to secure an adequate health program in the school by means of:

Cooperation with teachers and supervisors, especially those responsible for the program in Health Teaching, Home Economics, Science, Civics, and Physical Education.

NOTE: A Health committee is an excellent means of accomplishing this.

Promotion of such programs when they do not exist.

Conducting classes in Home Nursing, Infant Care, and First Aid when needed.

Establishment of daily morning inspection.

Organization of health clubs.

Encouraging periodic weighing and measuring and the use of the results as a basis for establishing health habits, attitudes and ideals.

Suggestions for correlating health teaching with other subjects.

Strengthening classroom teaching by interpretation of the school health program to the parents and interpretation of home environment to the teacher.

### IN THE HOME

*In the home her interests are centered in:*

- I. The instruction of parents in accordance with a carefully thought out plan based upon a real knowledge of the home situation and consideration of individual needs. Such a plan would seek to establish:

Habits of healthy living.

- a. A well balanced diet and regularity of meals.
- b. Proper rest and exercise.
- c. Correct habits of personal hygiene.
- d. A cheerful orderly environment.
- e. Adequate discipline through an understanding of the normal de-

velopment of the child.

f. Correct mental habits.

Prevention and control of illness.

- a. Yearly health examinations for all members of family.
- b. Immunization against smallpox and diphtheria, scarlet fever, etc.
- c. Detection of early symptoms of illness.
- d. Prompt medical and nursing care
- e. Protection of family against infection.
- f. Protection of community against infection.

Correction or treatment of physical and mental defects.

- a. By family physician or dentist.
- b. By specialist with cooperation of family physician.
- c. By assistance of dispensaries, etc., where the family are financially unable to secure the necessary service.
- d. By cooperation of parents in mental hygiene program.

- II. Cooperating with other health and social workers, local, state, and federal to promote the health and welfare of the family.

- III. Securing cooperation between the home and the school, by interpreting to each the aims and problems of the other.

### IN THE COMMUNITY

*In the community her activities should include:*

- I. Contact with the local medical association and organized community health and welfare workers.

By representation on a Health Council.

By representation on Council of Social Agencies.

Actual contact with others working in the same district.

- II. Participation in work of Civic groups.

Parent Teacher Associations.

Women's Clubs, etc.

- III. Wise publicity.

- IV. Membership in professional associations, and attendance at local, state, national, and international conferences.

Nurses' Associations.

Teachers' Associations.

V. Promotion of public welfare legislation, especially that pertaining to public health.

VI. Study of problems of school health as:  
School attendance.  
Truancy and other pressing problems.

### *Suggested Scope of Courses in School Nursing*

#### Public Health Nursing

*Theory:* History, fundamental principles, practices, problems and organization of public health nursing. Historical background, objectives, scope of activities, methods and technique, also organization, administration, legislation and research pertaining to school nursing.

*Practice:* Practice in public health nursing as a general service, and in school nursing under supervision, in both rural and urban communities are fundamental.

#### Sociology

*Theory:* General sociology and family social work; rural sociology, community organization, social psychology when possible.

*Practice:* Practice in family social work with an approved agency and under efficient supervision.

#### Educational Methods in Public Health

A necessary prerequisite to all courses in this group is a basic course in psychology. Educational psychology; child psychology; mental hygiene; child training; public speaking; extra curricular activities, etc. Other desirable courses include principles and methods of teaching; theory and practice in teaching of home nursing and child care; health education in schools; racial problems.

#### Sciences, Preventive Medicine

This group includes courses in development and care of the normal child; nutrition and its application to school health problems; history of the public health movement, its organization and administration, methods of protecting community health, especially the control of preventable diseases; school environment, standards, plans of buildings, and school equipment.

---

Mr. W., who, according to the bulletin of the Pine Mountain Settlement School, refused to grant permission to have his daughter's tonsils removed, wrote to the Settlement:

The Lord giveth and the Lord taketh away; blessed be the name of the Lord. Geneva can't have her tonsils out.

evidently takes a more serious view of the matter than Robert, aged six. Robert, says the *Boston Transcript*, ardently desired a little sister and was told that if he prayed a baby might come. He did so every night, but results not coming as soon as he wished, he added one night:

Dear Lord, if you haven't the baby quite finished, don't wait to put in her adenoids because they have to be cut out anyway.

# REORGANIZATION OF THE CHARLESTON, WEST VIRGINIA, PUBLIC HEALTH NURSING SERVICE

By MARGUERITE J. CLANCY

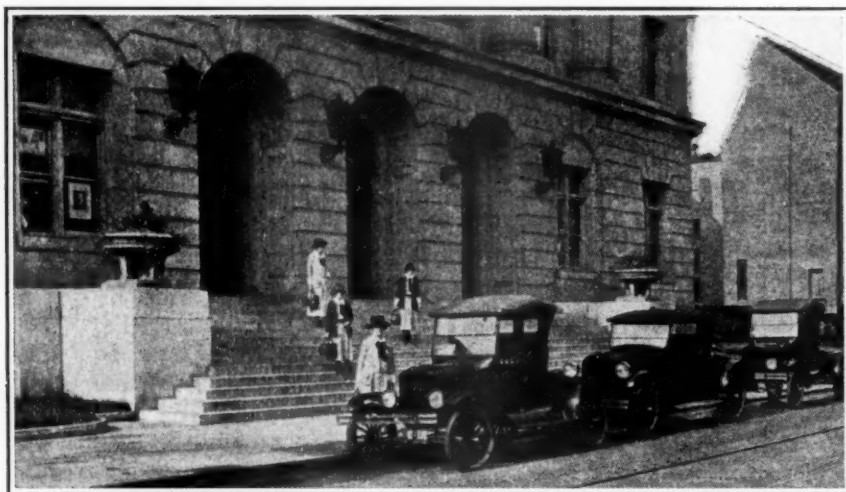
*Director, Kanawha Public Health Nursing Association*

*The fourth of the series on Amalgamation or Federation of Public Health Nursing Services—"How Evansville, Indiana, Federated Its Nursing Services," in June, 1925; "Reorganization of Public Health Nursing in Dayton, Ohio," in October, 1925; "Reorganization of Public Health Nursing in Akron, Ohio," in December, 1925.*

CHARLESTON, Kanawha County, the capital of West Virginia, lies in the beautiful Kanawha Valley amid the foothills of the Allegheny Mountains and in the heart of the coal fields.

The Kanawha River divides the city north and south, and the Elk River east and west.

Previous to May, 1923, the nursing service of the City Health Department was very limited. The Kanawha Public Health Nursing Association, a private organization, although small in staff had established a very definite place in the community health program.



*Headquarters of the Kanawha Public Health Nursing Association*

The population is about 49,000 but a large transient population is drawn from time to time from the surrounding country, as Charleston is the only city in the county—and in fact for some distance outside of the county—with no other hospital accommodation within a radius of fifty miles.

The above description will give some idea of the difficulties that must be surmounted because of a fluctuating population.

Conferences had been held by state and city health officials and the directors of the Kanawha Public Health Nursing Association with the idea of amalgamating the health forces, but no definite plan was determined upon until the present health commissioner came into office in May, 1923, and endeavored to find ways and means to increase the efficiency of his nursing staff.

It was then proposed by the city to

unite the two nursing services—that of the City Health Department, and the Kanawha Public Health Nursing Association—under one supervisor, the city to provide the same number of nurses as heretofore and the supervisor. This plan was not approved by the Kanawha Public Health Nursing Association as that organization felt that with the changes of the city administration the supervisor, regardless of her efficiency, might not be permanent.

#### *Financing the New Plan*

It was finally arranged that the City Health Department pay into the Kanawha Public Health Nursing Association the sum equivalent to the supervisor's salary, the supervisor to be appointed by the Kanawha Public Health Nursing Association. The city undertook the payment of its own field nurses who should however be employed by the supervisor, the same standard being maintained for the combined nursing force.

The Kanawha Public Health Nursing Association is a member of the Community Welfare Federation and receives a small annual contribution from individuals, clubs, etc.

It was not without some difficulty that this system was worked out, but the results have proved the wisdom of the amalgamation.

#### *Further Federations*

The Metropolitan Life Insurance Company, whose nursing work was being done by the Kanawha Public Health Nursing, made some objection in the beginning to this federation fearing its policy holders might object to a nursing service united with the city administration but finally agreed to try the experiment and is now convinced of the wisdom of the new plan.

The Kanawha Anti-Tuberculosis League had employed one nurse for county work but because of the large territory, bad roads, etc., were obliged to confine their efforts to Charleston and near by communities with resulting duplication of work. The

amalgamation, necessitating a reorganization of the city health program, showed clearly to the Anti-Tuberculosis League the waste of effort through this unnecessary duplication. The League then took steps to turn over the work in the City of Charleston to the amalgamated nursing service. The Health Department agreed to pay the salary of a nurse, the League to equip the clinic and continue to provide milk, eggs, etc., for such patients as needed assistance.

The nurse originally employed by the League was released to work in the county outside the City of Charleston. This arrangement has proved very satisfactory.

The federation of nursing services also includes a Sheppard-Towner nurse in coöperation with the state and Federal departments.

The clerical forces of the city health department nurses and of the Kanawha Public Health Nursing Association have been combined. Previous to the federation three different offices were maintained by the organizations mentioned. The union of these bodies has brought all of the forces under one head working from the same office in the Health Department, wearing the same uniform and dividing the work into districts without duplication or overlapping.

The present nursing staff consists of:

The director  
One supervisor  
Seven staff nurses.

A recent rating by the N.O.P.H.N. on eligibility of the staff was 100%.

#### *Direction of the Service*

The Board of Directors is composed of a representative from each organization, church societies, etc., in Charleston, including the Mayor and City Health Commissioner. This directing group has not been changed in any way except when individuals have been changed by their respective organizations.

Meetings are held regularly each month except during July and August. The Association has three standing

committees—executive, finance, and nursing. Special committees are formed from time to time as needed.

It is hoped that the nursing staff will be increased so that the districts may be made small enough to do generalized nursing, when one nurse will be responsible for all activities within a certain limited area. At the present time this has not been entirely carried out as the work is extended, in some instances, outside of the city. As bedside nursing must, necessarily, be a part of the nursing program, it is impossible for the clinics and detail work to be undertaken by the general nurses in a large district.

#### *Transportation*

One Ford roadster is supplied by the city, a Ford coupé by the Sheppard-Towner combination, and a Dodge roadster by the Kanawha Public Health Nursing Association. Trolley and taxi busses are available in most parts of the city but considerable walking must be done in the hilly sections.

#### *Collection of Fees*

All fees collected for delivery service revert to the "Delivery Service" and those collected from general nursing service to the general treasury. We expect each person, when able, to pay one dollar for each visit for this service, although we accept fifty cents in some instances when circumstances are understood.

A connecting link between the prenatal and postnatal services was found to be necessary in the homes of the small wage earner. In March, 1925, a donation of \$1,000 was contributed toward establishing a *day* delivery service. After three months this experiment proved to be so popular with physicians and patients that it was extended to a twenty-four-hour service. This necessitated a night center which was not practical at the day office. A

miniature night center has been opened where the night nurse receives her calls through an extension phone having the same number day and night.

A fee of \$5.00 and taxi fare is charged whenever possible, and sterile supplies are included when necessary. This service maintained by private subscription will be included in the general budget submitted to the Community Welfare Federation for the coming campaign.

After nearly two years of experience everyone interested in the plan agrees that the amalgamation has been a success, and that the results obtained have been decidedly an improvement over the old method.

The general understanding and development of the nursing service and the elimination of overlapping and duplication cannot be overestimated.

In brief, the activities of this united organization are:

Bedside nursing with home instruction and demonstration.

Quarantining and releasing communicable disease patients with instructions as to care and laws governing isolation, etc.

Prenatal, delivery attendance, lying-in and post natal care, demonstration and instruction, birth registration, infant feeding in home and at milk dispensary.

Three white and one colored preschool conferences weekly at different stations.

Seven venereal disease clinics weekly for white and colored patients including men, women and children.

Food handlers examinations daily.

Daily clinics for miscellaneous treatments not included in regular clinics such as vaccinations, accidents, administering serums of various descriptions, etc.

Weekly tuberculosis clinics with close follow-up in the homes and sanatoria care whenever possible.

Weekly prenatal clinics in co-operation with Sheppard-Towner work.

A three-bed ward is equipped for use in clinic emergencies where patients are temporarily provided for.

Complete records are kept of every patient admitted and each visit made, either in clinic or field, whether nursing or child welfare and as far as possible the N.O.P.H.N. records are used.

## DEVELOPMENT OF PUBLIC HEALTH NURSING LITERATURE

*As Concerned with District, Visiting and Public Health Nursing from the  
Latter Part of the Nineteenth Century to the Present Time\**

BY ADA M. CARR

The author gratefully acknowledges help in preparing this sketch from Miss L. L. Dock, Miss Adelaide Nutting and Miss A. M. Peterkin, general superintendent, Queen Victoria's Jubilee Institute for Nurses, London.

THIS sketch of public health nursing literature can not in any sense be considered exhaustive. Nor does it cover material which certainly exists in European and other countries, of which in America I have not been able to find clues. It is therefore with great hesitation that I venture to present this attempt to show roughly the surprising increase of printed material dealing with, or related to, visiting or public health nursing in general or in particular since the days of Pastor Fliedner and of Florence Nightingale. Perhaps this attempt to present written accounts and literature dealing with public health nursing will also help to indicate the tremendous impetus—especially in the twentieth century—which various con-

ditions and needs have given to the profession of nursing.

It is hoped that corrections, suggestions and additions will be supplied by the members of the International Council of Nurses which will enable us later to make this slight and imperfect account more truly international in scope, and perhaps of some historical value.

For convenience, this record covers three periods:

The late nineteenth century

The early years of the twentieth century

The years since approximately 1912.

No references are made to the very interesting historical material of earlier dates such as the instructions of St. Vincent de Paul, and the rules of the Sisters of Charity and other orders.

### FIRST PERIOD—1860 TO 1900

In this first period the printed material on visiting nursing appeared principally in the form of pamphlets and reports. The earliest I have been able to trace is a small pamphlet by a physician, printed in London in 1860—*Trained Nurses Among the Laboring Poor*. It is interesting to compare this title with those of our later developments.

An interesting historic document (1867), *Suggestions for the Improvement of the Nursing Service of Hospitals and the Training of Nurses for the Sick Poor*, by Florence Nightingale, shows the energy, detailed knowledge and extraordinary vision of this

remarkable woman. In this, for the first time in printed form, I believe, Miss Nightingale states firmly, "There must be district training for district nurses in addition to their one year of hospital training." She also insists on trained supervision, health education in the home, and the reporting of sanitary defects.

A number of other pamphlets by Miss Nightingale appear during this period.

One of special interest (1892) presents for the first time *Health Visiting for Rural Districts*, with special instructions for rural nurses. In this Miss Nightingale says,

\*Given at the Fifth International Congress of Nurses, Helsingfors, Finland, July, 1925. Published in the *I. C. N.*, the official magazine of the International Council of Nurses, January, 1926.

It is scarcely necessary to say to intelligent people that Health in the Home is one of the most important questions for anyone charged with the duties of local government—a sound principle not really appreciated until twenty-five years later. Miss Nightingale says further,

I know of no School of Health now in existence . . . If such a supply of trained health visitors could be carried out—could be a source of supply for all England.

This pamphlet was reprinted in 1911 (P. S. King, publisher) with a prefatory note by Sir Lauder Brunton, M.D., for the National League for Physical Education and Improvement.

of sanitary laws and health measures.

Reports of the societies formed in England from 1859 in Liverpool and in America 1877, for district nursing work both city and county appear during this period. In Germany and other countries, chiefly from Deaconess Houses and Red Cross Societies.

In this period also began special branches of visiting nursing. School nursing in England at this time produced special reports and memoranda.

#### Books

As might be expected few books are



*On the Rounds in an Irish District—Reproduced from Queen's Nurses Magazine, April, 1910*

In 1875 appeared that historic document—the first *Survey and Report on District Nursing* made by Florence Lees at the direction of the subcommittee appointed by the English Branch of the Order of St. John of Jerusalem. This is the celebrated report in which

thorough education in duties of her profession—as complete as the training of men in their vocations—elevating the training to the rank of a scientific art

is advocated. A high water mark in the history of early nursing literature. This Report also contains an Appendix by Florence Nightingale, with a section on Training and Duties of District Nurses, which considers the teaching

to be found in this period and these very small in size.

*Organization of Nursing in a Large Town* (Liverpool, 1865), with an Introduction and Notes by the indefatigable Miss Nightingale, contains "Rules for District Nursing," with perhaps one of the earliest examples of Record Forms and Reports. Miss Nightingale in her notes again emphasizes the "sanitary duties" of the nurse. Here we find, for almost the first time, remarks on the value of "nutritious food."

*Sketch of the History and Progress of District Nursing* by William Rathbone (Macmillan Company, 1890).

This is undoubtedly the most important book of the nineteenth century on this subject, presenting for the first time to the general public a clear idea of this new profession.

*A Guide to District Nurses and Home Nursing* by Mrs. Dacre Craven (Macmillan, 1890). This was the first book written by a trained visiting nurse for visiting nurses, and was prepared as a manual for Queen Victoria's Jubilee Institute for Nurses.

*Notes for Visiting Nurses and All Interested in the Working and Organization of District Visiting or Parochial Societies*, by Rosalind Gillette Shawe (Blakiston Sons & Company, 1893). The first "book" on this subject published in America, so far as we have been able to trace.

In 1894 appeared a very important publication, *Hospitals, Dispensaries and Nursing*, edited by Dr. John S. Billings and Dr. Henry M. Hurd (Johns Hopkins Press), which recorded the proceedings of what has

been known as the First International Council of Nurses, held in connection with Section 111 of the International Congress of Charities, Correction and Philanthropy at the World's Fair in Chicago in 1893. Isabel Hampton Robb was the chairman of the Nursing Subsection. In the reports of this meeting appear for the first time a collection of papers on Visiting Nursing. One of these is entitled, *Sick Nursing and Health Nursing*, a remarkable paper by Florence Nightingale with views on health teaching as modern as if written to-day.

Other papers were:

*Work Done by Religious Communities Devoted to the Care of the Sick* by Cardinal Gibbons of Baltimore

*Training of Male and Female Nurses in the Catholic Orders* (whose members did much visiting nursing)

*The Queen's Nurses in England* by Amy Hughes

*District Nursing* by Mrs. Dacre Craven  
A paper on *District Nursing in the United States*

An article on *Training of Attendants*.

## SECOND PERIOD—1900-1912

As was to be expected, we begin to find more "self-expression" on the part of those actually engaged in visiting or public health nursing. Miss Nightingale's contributions were now few and far between, but those who followed in her footsteps in Great Britain, the European countries, Canada and the United States, began to record their knowledge and experience. Some of the most important of these contributions were those which showed the increasing interest in the growing work of the Queen's Nurses in England.

A series of small books by Mary Loane appeared about 1903-1906:

*The Queen's Poor*  
*The District Nurse as a Health Missioner*  
*Outlines of Routine in District Nursing*  
*The Incidental Opportunities of District Nursing*.

These were written both for nurses and the lay public and were deservedly popular.

*Practical Hints in District Nursing*, a small book by Amy Hughes, Super-

intendent of the Queen Victoria Jubilee Institute (which went through several editions) and the *Midwives Pocket Book* by Honnor Morton (probably about 1905) were printed in a "Series of Popular Text Books on Nursing" by the Scientific Press, London—a distinct step to the front in the publication of nursing literature. Up to this time books on nursing had been printed for limited circulation, almost inaccessible to the general public.

The principal material, however, in this period, was in the form of papers given at conventions or meetings, and later printed—pamphlets and reprints, reports of the various organizations for visiting nurse work in the different countries where it had been established in its general or rapidly increasing specialized fields, and also special articles in nursing magazines in the different countries.

*The Transactions of the Third International Council of Nurses*, 1901, contains a section with papers devoted

to "district nursing" in England, Canada, and America. Among these is one of the earliest papers on "School Nursing" by Honnor Morton, member of the London School Board.

#### Magazines

May, 1904, saw the publication of *The Queens Nurses*, the first magazine devoted to the interests of visiting nurses. It was published from Ireland, three times a year, and was started and for a time financed by Lady Hermione Blackwood. A very

an article on the "Visiting Nurse Association of Chicago" and on the "Henry Street Settlement" and has devoted space to public health nursing ever since.

*The Visiting Nurse Quarterly*, published in Chicago in 1905, was the first American magazine devoted to Visiting Nursing. This had a short life of two years.

*The Visiting Nurse Quarterly*—published in Cleveland in 1909, by a committee of the Cleveland Visiting Nurse



*A lesson in Home Nursing—Reproduced from Miss Wald's article in Charities and the Commons, April 7, 1906 (showing Miss Wald as Instructor)*

spirited publication—not confined to accounts of the English work. In 1910 this magazine was adopted as its official publication by the Queen Victoria's Jubilee Institute for Nurses and still continues its pleasant career.

From its beginning in 1893, *The Nursing Record and Hospital World*, enlarged and published as the *British Journal of Nursing* in 1902, gave space to articles or reports on public health nursing.

*The Canadian Nurse* and nursing magazines published in other countries—few during this period—also published articles and accounts.

*The American Journal of Nursing* in its first number, October, 1900, had

Association—was the second American publication wholly devoted to the interests of visiting nursing. In 1912, this magazine was given by the Cleveland Association to the newly formed National Organization for Public Health Nursing. In 1918 it expanded into a monthly under the new name of *THE PUBLIC HEALTH NURSE*. Since 1923 it has been published from the headquarters of the National Organization for Public Health Nursing in New York.

I again remind my readers that I am only commenting on publications in the English language. During the early part of this century probably others in other languages were published.

*Other Publications*

The First Congress of District Nursing met in Liverpool in 1909. *The Report and Proceedings of this Jubilee Congress*, printed in the same year, is the most valuable record we have of district nursing and special phases of public health nursing in the various countries of that period. Norway, Sweden, France, Belgium, Bulgaria, Canada, Australia, Great Britain and the United States furnished material.

In 1905 appeared that splendid contribution to all nursing literature, the first volumes of the *History of Nursing* by M. Adelaide Nutting and Lavinia L. Dock (Putnams). In Vol. 2, Chapter 6, are brought together the facts and the early personalities of district nursing.

*Charities and the Commons*, an American weekly devoted to social questions (precursor of *The Survey*) devoted practically an entire number, April, 1906, to "The Visiting Nurse—The Spread of a Social Vocation Through City, Town and Country." This number "dealing with one of the most dynamic movements of the century affecting public health," as expressed by the editors, was pub-

lished under the supervision of Lavinia L. Dock. Here, we think for the first time, tuberculosis is considered as a specialty, in an account of the "Visiting Nurse for Tuberculosis" by Adelaide Nutting. In America, the publication of this number was an important step in nursing literature in bringing visiting nursing for the first time before the lay public. *The Survey* has shown a continuous interest in public health nursing by publication of articles and news.

*Visiting Nursing in the United States*, by Ysabella G. Waters (Russell Sage Foundation, 1909), brought together for the first time in a good sized volume accurate statistical information in the form of a *Directory* of all organizations then engaged in Visiting Nursing in the United States. This valuable book also contained a very brief history of the development of visiting nursing.

During this period there were, of course, printed reports and pamphlets (to which we have already alluded) published in the European countries, where visiting nursing had begun. Probably some books. Unfortunately I have not had access to these sources.

## THIRD PERIOD—1912 TO 1925

Taking the last period—roughly from 1912 to the present day—the rapid advance and popularity of what, at least in the United States, now began to be called "public health nursing" as a broader and more inclusive term, is mirrored in the increase of published material devoted to this branch of the nursing profession.

In 1912 appeared the last volumes of the *History of Nursing*, Putnam, by Lavinia L. Dock, for many years so closely connected with the International Council of Nurses. It is by way of interest to us all to remember that from the time of its publication the proceeds accruing from the sale of these volumes have been devoted to the Fund of the Council. These volumes, though they do not go extensively into

details of visiting nursing, do give its developments to date. Miss Dock writes that these developments "show in a very striking way the gradual change from the 'sick nursing' of the past to the 'health nursing' advocated by Florence Nightingale."

Books written by public health nurses now increase.

*Books of This Period*

In 1916 *Public Health Nursing*, Macmillan Company, by Mary S. Gardner appeared—and in a completely rewritten edition in 1924. This is generally acknowledged to be the standard textbook on this subject. It has just been translated into French by Dr. René Sand and Mlle. Lefevre and will thus be more accessible to

European countries. The scope and value of this book is too well known to need comment here.

Other books published in this period are:

*The School Nurse*, Lina Struthers (Rogers), Putnam, 1917.

*The Tuberculosis Nurse*, Ellen La Motte, Putnam, 1915.

*The House on Henry Street*, Lillian D. Wald, Holt, 1915.

A series of small books (Macmillan Company) under the editorship of Mary S. Gardner, were published in the United States in 1919:

*Industrial Nursing*, Florence S. Wright.

*Sanitation for Public Health Nurses*, Herbert Winslow Hill, M.D.

*Organization of Public Health Nursing*, Annie M. Brainard.

Later appeared:

*The Evolution of Public Health Nursing*, Annie M. Brainard, Saunders, 1922.

*Mental Hygiene and the Public Health Nurse*, V. M. McDonald, Lipincott, 1923.

An interesting and significant development has been the inclusion in recent years of sections or chapters on public health nursing in respectable volumes on various aspects of public health. *Page's Loose Leaf Medical Encyclopedia* for instance, acknowledged the existence of public health nursing by devoting to it a chapter.

In England *The Child Welfare Movement* by Janet Lane Claypon (1919) contains a history of the growth and development of Health Visiting and how it can be combined with District Nursing.

In America such important publications as

*Preventive Medicine & Hygiene*, M. J. Rosenau, M.D., Appleton, 1921.

*The Community Health Problem*, Athol Burnham, M.D., Macmillan, 1920.

*Industrial Health*, G. M. Kober & E. R. Hayhurst, Blakiston, 1924.

*Public Health in the United States*, Harry H. Moore, Harper, 1923—

all have chapters on public health nursing.

*Half a Century of Public Health*, a Jubilee historical volume published in 1922, by the American Public Health Association, includes a "Short History of Public Health Nursing" by Lavinia L. Dock. This is one of the earliest instances—a very significant one—of a voluntary desire on the part of the medical profession to include in a volume of historical material on public health, any account of the public health nursing movement.

In 1923 the Report of the Committee to Study Nursing Education was published in book form under the title of *Nursing Education in the United States* (Macmillan Co.). The Study and the publication of the book was financed by the Rockefeller Foundation. This contains an important and exhaustive study of public health nursing.

That invaluable record, the *History of American Red Cross Nursing* by Lavinia L. Dock, Sarah G. Pickett, Clara D. Noyes, Fannie F. Clement, Elizabeth G. Fox, Anna R. Van Meter, contains two chapters, XIII, XIV, which give the early history, development and details of organization of public health nursing under the American Red Cross.

Unfortunately again, I have no knowledge of similar books, which in this period may have appeared in other countries than England and the United States. This again emphasizes the need for a much more extensive survey of this interesting subject.

#### *A Further Development*

We come now to an extremely interesting development of the growing importance in the minds of sanitarians, public health officials, educational institutions—and every variety of directing public health agency—of public health nursing and all that concerns it. This has resulted in a veritable flood of literature on phases of the subject in very recent years.

In England the Eighth British Ministry of Health in its *Reports*

recognizes the existence of the visiting nurse in such articles as:

*Reports on School Nursing* by Sir Arthur Newsholme.

*Prenatal and Maternity Care* by Dr. Janet Campbell.

*Preventive Medicine* (with a section of School Nursing) by Sir Arthur Newsholme.

The Women's Sanitary Inspectors and Health Visitors Association have issued for their members a leaflet on public health nursing.

The Annual Reports of Public Health Departments in Great Britain give space to reports of their nursing divisions.

The Section on Public Health Nursing of the College of Nursing in England publishes current information through its *Bulletin*.

I am again unfortunately not so familiar with the literature of other countries as that of England and America, but I am aware that a great deal of information and propaganda is published in many countries—France, Belgium, Germany, the Scandinavian countries, Canada, Australia, New Zealand, the Philippines, S. Africa, China, and increasingly in other countries, where public health nursing is becoming firmly entrenched.

The nursing journals published in the several countries now carry as a matter of course, articles and information on this subject.

The *Bulletin* of the International Council of Nurses so ably conducted by Miss Reimann during 1925 has done a great service by publishing much accurate and interesting information gathered from many countries.

*The World's Health*, published by the League of Red Cross Societies, devotes regularly much space to public health nursing. Other publications of the League in bulletin form have made work in European and other countries familiar to us all.

#### *Publications in the United States*

If I may be permitted to speak especially of the United States—the increased interest in public health nursing

as shown by published information is remarkable.

The Federal Government through several of its departments—notably the United States Public Health Service, Bureau of Education and the Children's Bureau—publishes pamphlets directly or in part for nurses, and employs on the staffs of these departments public health nurses for writing and for preparing reports for publication.

Many of the State Departments of Health through their Divisions of Child Welfare publish bulletins in the interest of public health nursing.

City Departments of Health, with departments of municipal nursing, are also beginning this practice.

A number of monthly bulletins, both state and county are published by public health nurses themselves, in order to keep their state members in touch with national and local activities.

The American Red Cross, through its Bureau of Public Health Nursing, has prepared and published a number of very valuable pamphlets widely circulated, and through its official magazine *The Courier* publishes much general information.

The National Associations for Tuberculosis, Mental Hygiene, Social Hygiene and the American Child Health Association, have all prepared and circulated pamphlets for public health nurses.

The American Public Health Association in 1923 made an exhaustive report and recommendations on *Health Department Practices in 83 Cities*. Included in the report is an important Section on Public Health Nursing.

The American Child Health Association (1925) has published a *Health Survey of 86 Cities*—population ranging from 40,000 to 70,000. It contains a Proposed Plan for a City of 50,000 in which is incorporated a chapter on the Public Health Nursing Service.

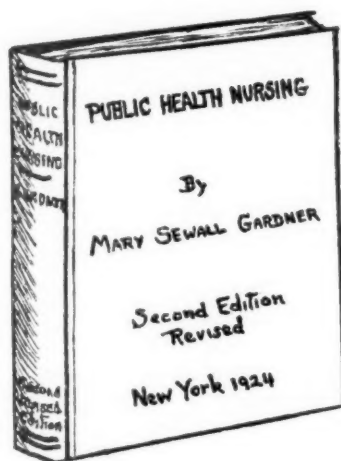
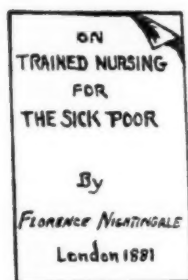
One of the great life insurance companies has this last year financed *A Study of Visiting Nursing*, made by the National Organization for Public

Health Nursing, recently published and widely circulated.

A number of Visiting Nurse Associations and specialized organizations, such as Child Welfare Organizations, have made studies and prepared Manuals or Studies in special technique—often extensively used beyond the local organization.

The National Organization for Public Health Nursing has for some years reprinted articles of special value published in *THE PUBLIC HEALTH NURSE* which are sold at cost and has issued a pamphlet *Suggested Reading for Public Health Nursing*.

The National Health Library—a fusion of the library services of all



Outside the *Rockefeller Report on Nursing Education*, already alluded to—the departments in the Universities having public health nursing courses have so far produced no studies. The Bulletins of these Universities, however, now include—a long step in advance—the announcements of the nursing schools as integral parts of the university course.

No longer is public health nursing of interest only to nursing magazines. Most of the magazines devoted to health or public welfare in all countries give much space to the growing activities and value of the public health nurse. This is especially the case in the United States and Canada.

A signal advance is the recent inclusion in the American Public Health Association (a national body) of a section on public health nursing. Papers and discussions from this section are printed in their reports and official magazine.

the Voluntary National Health Agencies in America (including the N.O. P.H.N.) has an excellent collection of books and literature on public health nursing.

Possibly the most graphic presentation of *growth* would be to compare, as do our illustrations, the small 10 page pamphlet—6½ inches by 4 inches—published in 1881, with the stout volume of 432 pages published in 1924.

A word about the number of nursing journals—There are now 27 nursing magazines (including the *New Magazine of the I.C.N.*) representing 17 nations.

Perhaps nothing more forcibly represents the rapid development of the dignity and power of the profession of nursing itself than the remarkable growth in the past 25 years of the literature which concerns it.

## KEEPING THE RURAL NURSE RURAL

This is the third of the replies to the questions raised in the abstract of Dr. George T. Palmer's article on this subject printed in the October, 1925, number.

I have read with much interest Dr. Palmer's article, in *The Survey*, May 15, and also the abstracts of this article published in the October PUBLIC HEALTH NURSE.

The conditions set forth in this article have prevailed and still do prevail, to a great extent, in our state, but I believe that these obstacles are slowly being overcome and an awakened community consciousness regarding health promotion is becoming general.

We need no greater proof of the changed attitude of the laity than the increasing demand and recognition of the services of the public health nurse. Numerous requests for the services of a nurse come from school boards and organizations interested in school health, whereas only a very few years ago we almost had to force our nurses upon the school authorities. County fairs and community exhibits of all kinds seem to consider the nurse and her demonstration a necessary part of the performance; teachers' institutes and women's organizations include the nurse on their programs; local newspapers publish any and every article that she will supply; in fact, the nurse and her program, generally speaking, is becoming a recognized factor for community welfare.

This acceptance and ready response does not apply to every part of the state, but only to such sections as we have been able to reach with our present personnel and budget. Our policy is to establish a nursing service where some interest has been aroused and community support assured, rather than to branch out into new, unknown territory.

What may be said of this awakened interest in the community is also true of the medical profession in general and of the local physicians, with whom the rural nurse must work in close

coöperation, if she hopes to put over her program.

One of the most promising signs of the times in Texas is the recent organization of a State Federation for Health Education, initiated and sponsored by the State Medical Association. This Federation aims to coordinate and develop into a unified plan all health programs of the state. Such an organization should tend not only to promote an efficient health program, but also to bring about a better understanding between all health workers.

However, even with this growing support from the medical profession and laity there remains the serious problem of the migratory nurse, which perhaps more than any other factor handicaps all progress.

### *Financial Stability*

From observation and contact with the rural nurses of the state, I have concluded that this lack of permanency is due to several causes.

The fact that the nurse is far from the attractions and so-called advantages of a city, or that she is not duly appreciated by those whom she serves, is not the foremost. To my mind, one of the biggest handicaps in providing stability in the nursing service is the lack of assurance of continued financial support, and of advancement, either professionally or financially. It would seem reasonable that the nurse who has served her community satisfactorily for a year should in succeeding years receive at least a small advance in salary. In other words, a rising scale of salaries up to a certain maximum would greatly encourage nurses to remain in the same place for a few years at least. The matter of professional recognition rests largely with the nurse, who proves by her ability in handling a local situation her right to promotion.

### *Transportation*

The much mooted question of the use of the car provided for the nursing service needs to be settled. We believe that we are settling this problem in Texas by requiring the nurse to purchase the car and granting her an allowance sufficient to cover wear and tear as well as upkeep. This arrangement is proving more satisfactory to both community and nurse.

### *Advisory Service*

Another factor, almost a necessity to enable the isolated county nurse to carry on her program efficiently and keep up her morale, is frequent contact with some one of her profession, who acts in an advisory capacity. The advisory nurse not only assists the rural nurse in solving her professional problems, but also acts as an interpreter to the community, explaining the plan of work in greater detail and enlisting more thorough coöperation.

### *Committees*

Up to the present time, our nurses have not been subject to meddlesome committees. The opposite difficulty usually has been the case. It often happens that upon the arrival of the nurse, people of the community at once proceed to shift all responsibility to her shoulders. Realizing that the efficiency of her program depends on thorough community interest and support, we insist that the nurse entering a new field have committees appointed in every section of her county. These committees assist with clerical work, transportation of children, publicity, and all matters of routine. The nurse is thus released for other important phases of her work. This plan is proving successful, and these committees are working with and under the direction of the nurse.

### *Problem of Isolation*

There is, it is true, the problem of isolation, which to some nurses is a serious one. The young, socially inclined person sometimes finds that after working hours her only resource is retirement to her often not too attractive living quarters. This lack of companionship and recreation is deeply felt by many of our nurses, but here again she is usually gladly received as a social asset and is called upon for all sorts of social activities from leading in prayer meeting to acting as fortune teller at a local bazaar. She who succeeds must truly be a versatile person with many talents, possibly hidden until some urgent demand calls them forth, when she bravely arises to the occasion.

Whenever I visit our county nurses, I am impressed anew with the bigness of their job; the courage and enthusiasm that they give to it; and their sincere interest and determination to do good work.

Our nurses, who each day of the week ride over miles of county roads, rough and dusty in summer, muddy and almost impassable in rainy seasons, deserve the highest commendation and the most thorough support from those whom they serve.

They are pioneers of the first order. They are the advance guard in health protection for our rural mothers and children, and to them future generations will owe, to a great extent, whatever of better health and increased knowledge of healthy living they may have attained.

L. JANE DUFFY

*State Supervising Nurse, Bureau  
of Child Hygiene, Texas State  
Board of Health*

---

# ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

---

*Edited by* THERESA KRAKER

---



*The Breakers, Atlantic City, Headquarters of the N.O.P.H.N. at the Biennial Meeting*

## CONCERNING RESULTS OF THE CENSUS

Since the N.O.P.H.N. is planning to prepare a complete report of the Census which will be printed in time for the Biennial Convention, it has been decided not to print in this number the summary tables as announced in January. These reports will be available for all members.

---

## RECOMMENDATIONS OF MEMBERSHIP AND ELIGIBILITY COMMITTEES

After separate and joint deliberation of the questions before them, the Membership and Eligibility Committees drew up a list of recommendations for consideration by the Executive Committee at its last meeting. The more weighty of these were laid on the table for further discussion and action has not yet been taken upon them.

We are glad to publish this account of the action that was taken.

Recommendation I: New classes of individual members as a possible means of increasing the income received from the membership body. It is recommended that two new classes of individual membership be established to be known as "contributing members" and "supporting members" and to be defined as follows:

A Contributing Member shall be any person who has contributed a sum over and above the specified dues for his or her respective membership, but less than \$100.

A Supporting Member shall be any person who contributes to the organization \$100 or more.

It is further recommended that voting power be given these members in accordance with the class of nurse, associate nurse or lay membership into which they would naturally fall.

Voted: That these recommendations be accepted as made.

Recommendation II: Membership Stimulation. It is recommended that the practice of publishing a complete list of the individual members of the Organization in the magazine, giving lapsed members of two years back ample notification to this effect prior to publication, be repeated annually.

Voted: That this recommendation be accepted as made.

Recommendation III: Membership Stimulation. In view of the fact that our most logical field for increasing lay membership lies in the members of local boards and that one of the standards of good local public health nursing service is a well informed governing board, and that the N.O.P.H.N. through the magazine can keep them acquainted with developments in the whole movement, it is recommended that corporate members, in addition to the nurse eligibility rating, be given a board membership rating, this to serve merely as a matter of competitive interest and to affect in no wise the eligibility rating.

Voted: To accept the recommendation as made.

Recommendation IV: New Classes of Corporate Membership. In view of fact that there are certain groups administratively engaged in public health nursing that are under the direction or control of some other national agency or some state or local governmental agency from whom we cannot reasonably expect 1 per cent of their expenditures as annual dues to the organization in accordance with the new plan recommended by the Finance Committee, it is recommended that a new class of corporate members be established to be known as "Affiliated Corporate" and "Affiliated Associate Corporate" Members (according to eligibility rating). It is further recommended that the annual dues of such affiliated groups be \$10 if nursing staff numbers less than 25, and \$25 if it numbers 25 or more.

Voted: To accept the recommendation as made.

Recommendation V: Use of the Seal. Because there has been a certain promiscuity in the use of the seal it is recommended that

the seal "when the desire cometh" with the words "National Organization for Public Health Nursing" around its border, be recognized as the official seal of the N.O.P.H.N. and its use be restricted exclusively to the National Organization.

It is further recommended that the same seal, without the words "National Organization for Public Health Nursing" around its border be made available to corporate and affiliated corporate members only (not associate) with the option of putting the name of their own association around the border.

It is further recommended that the smaller seals, usually with the figure only and the initials P.H.N. be abolished and that publicity be given in the magazine to the fact that they are no longer recognized insignia of the N.O.P.H.N.

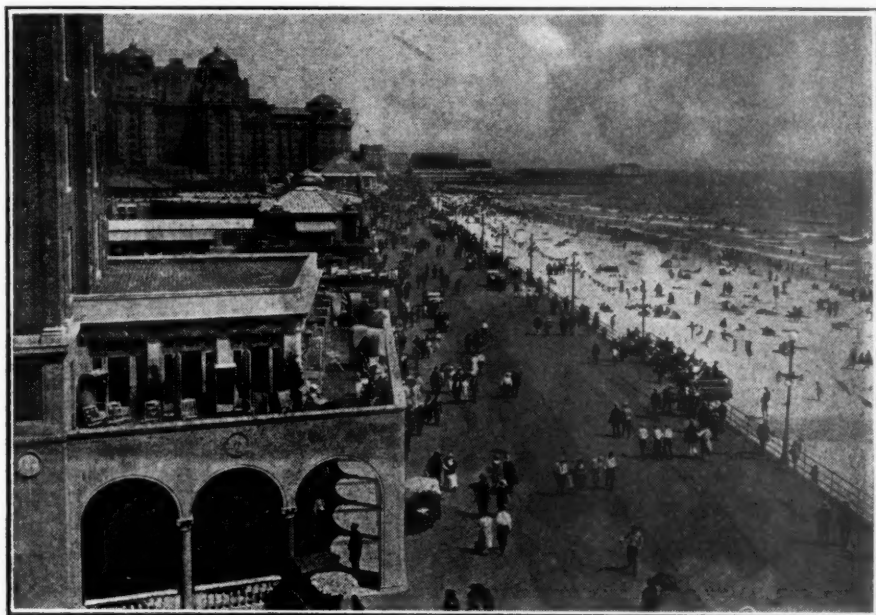
Voted: To accept the recommendations as made.

Recommendation VI: Eligibility Requirements. In view of facilitating the interpretation of eligibility requirements it is recommended that the present application form be changed to request information more specifically in regard to service than the number of beds.

It is further recommended that after 1927 graduates of mental and tuberculosis hospitals be considered to need for eligibility to nurse membership at least eleven months affiliated or post-graduate work in the services in which they are deficient and that a statement of these requirements after 1927 be given publicity in the magazine.

Voted: To accept these recommendations as made.

As this magazine goes to press, the Executive Committee and Governing Board of the N.O.P.H.N. is about to convene for its January meeting. We shall hope soon, therefore, to be able to acquaint our members with the action taken at this meeting.



*A Bit of the Boardwalk, Atlantic City*

#### PAGEANT AT AMERICAN HEALTH CONGRESS

One of the features of the first American Health Congress to be held in Atlantic City, May 17 to 22—in conjunction with which the N.O.P.H.N. will hold its biennial meeting—is to be a pageant on child health. The history of the development of child health education is something to which we have given very little attention in the past. This occasion in which sixteen health organizations will participate, seems to offer an admirable setting for the presentation of this historical pageant. It is hoped that in this pageant the spirit of the Congress, which is the expression of understanding and coöperation between the national organizations forming the National Health Council, will be crystallized. The goal toward which we are all working can only be reached through true coördination of the activities of all these agencies.

The committee to develop plans for the pageant was appointed early last fall by Dr. Lanza, Executive Officer of the National Health Council. Members of the committee are:

Miss Louise Strachan, the National Tuberculosis Association, *Chairman*

Miss Emma Dolfinger, the American Child Health Association

Mrs. Mabel F. Hobbs, the Playground and Recreation Association of America

Mr. A. L. Schafer, the Junior Red Cross

Miss Elizabeth Jenkins, the Metropolitan Life Insurance Company

Mrs. E. G. Shreve, President of the Atlantic County Tuberculosis Committee, heads the Atlantic City committee. Dr. Maroney, head of the health education department in the Atlantic City schools, will direct the participation of the schools in the pageant.

Miss Era Betzner has been engaged as pageant director. Miss Betzner has had wide experience in putting on pageants, and for five years wrote and produced pageants for the National Board of the Young Women's Christian Association.

Miss Lucy Barton will direct the workshop, for an important feature of this pageant will be the designing and making of scenery and costumes by the children who are to take part. Miss Barton is also well known in the field of pageantry.

---

## RED CROSS PUBLIC HEALTH NURSING

EDITED BY ELIZABETH G. FOX

---

### THE CONTRIBUTION OF HOME HYGIENE AND CARE OF THE SICK CLASSES TO A PUBLIC HEALTH NURSING PROGRAM

Miss Beebe, who is Assistant Director of Home Hygiene and Care of the Sick, has been a public health nurse and home hygiene instructor as well as a high school teacher.

Many of the problems which present themselves to the nurse engaged in public health work have their basis in a faulty home environment. How, tactfully, effectively, with economy of time, can the untiring nurse teach the daily practice of cleanliness, sanitation and order in the home? How can she educate a group to higher standards of living which shall be reflected in the improved health of each individual of the family group? How can she provide for the safeguarding of health at Prairie Hill in the northwest corner of the county while she is fifty miles away at Cedar Creek? Or how, if she is an itinerant nurse working in one place only three months of each year, can she secure a permanent interest and an informed group who may intelligently aid in maintaining and raising health standards in the other months of the year?

The public health nurse has an answer to these questions in the Red Cross course in Home Hygiene and Care of the Sick. With these very problems in view the Home Hygiene textbook was revised in September, 1925, and it is now particularly well adapted to the needs of the rural or small community. The method of the public health nurse is essentially positive and constructive. In this revised edition of the textbook the emphasis is upon positive teaching and the teaching of normal conditions. All teaching of home hygiene and of home care of the sick centers upon the basic understanding of normal health conditions.

Experience in the last few years has proved that this is an effective means of presenting instruction. We know how the nurse in her work in the

school has succeeded in teaching health habits. Habits have been formed; ideals have been established, both to a more or less fixed degree. The problem now as the youth enters industry, business or higher institutions of learning is to add a well founded understanding of the basic principles underlying these health habits. Home Hygiene and Care of the Sick classes are a means—proved effective—for just this type of practical instruction.

#### *Care in Early Years*

Perhaps one of the most outstanding contributions of the public health nurse has been her work for the saving of infant lives. This is made an important section of the revised textbook. The care of the normal, well baby is taught, the preparation and equipment necessary, the selection of baby's bed and clothing, the method of baby's bath and the general routine. The mother is impressed with the importance, in all the seemingly small details of daily life, of systematic planning to meet the baby's needs.

The importance of breast feeding is emphasized. Simple standards of growth and development are mentioned in order that the inexperienced mother, particularly, may judge with some intelligence the general condition of the child. Simple practical suggestions in regard to habit training are also included.

The main points in the care of the preschool and the school child, the maintenance of bodily nutrition, proper training and protection against disease follow.

The every day problems of the normal home are met in teaching the care of the kitchen, the bath room and the sleeping rooms, the safeguarding of the milk and food supply, simple means of ventilation and other related practices. The care of the bed and bedding, the daily airing and the making of the bed also, as stressed in the textbook, have met a real need in the homes of rich and poor alike. Necessarily improved standards are sought, but the instruction is adapted to the conditions and the facilities of the simplest household.

#### *Instruction in Bedside Care*

To practically every rural or community public health nurse is presented another question: What proportion of time and of effort should the public health nurse in this community devote to bedside nursing? The answer depends largely upon local conditions and local facilities. In spite of the very best service of public health nursing organizations, the fact remains that there is an astounding amount of sickness within the home which receives little or even misguided care. Here then lies the nurse's greatest opportunity for instruction through Home Hygiene classes. Groups of women and girls in every part of the nurse's territory can be taught to give care to the sick in their own homes, whereas one public health nurse must spread herself very thin over an area, say, of 900 square miles, with a population of 12,000.

This part of the Home Hygiene course deals particularly with the subjects of home care of the sick and takes up the causes and prevention of sickness, and the common indications of sickness. The usual personal care of the patient is taught in a simple practical manner and in non-technical terms. The use of home devices and improvised equipment for giving comfort to the sick is given particular emphasis.

Succeeding chapters take up the method of many of those simple measures in the use of which the physician directs the mother or sister. Measures

for the relief of common ailments and for use in emergencies are presented.

An important section of the textbook is the chapter on the care of patients with communicable disease. Information and methods approved by the U. S. Public Health Service are given, all adapted to home conditions and home problems with a convenient chart setting forth in a form easily followed, those points which are important in the control of various communicable diseases.

By means of this course and through intelligent application in the students' own homes of these practices learned in class many public health nurses all over the United States are multiplying their own program of bedside nursing hundreds of times. Schools also take up the work eagerly as in line with the practical instruction in home-making now emphasized in the educational system. School superintendents usually desire the course particularly for the junior or senior girls, for whom it has also a definite value in vocational guidance. Many administrators place the modified course in the seventh or the eighth grade.

There remains one last problem which we can rephrase: What community forces will make permanent in any locality an adequate health service? What foundation shall the public health nurse lay in order that in future years the health work may persist as a secure and substantial structure giving continuous community service? As yet the nurse is in most instances a pioneer meeting a need often at first hardly recognized by those whose welfare she serves. Citizens informed and awakened to the necessity for adequate health service will support, will build and perpetuate that indispensable service. Instruction in Home Hygiene and Care of the Sick meets the need of all classes, all creeds, all industries, all localities. Home Hygiene and Care of the Sick has proved itself a dependable ally in introducing, in building up and in perpetuating a public health nursing program.

ELINOR LEE BEEBE

---

## POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

---

We continue discussion of the first four questions of Problems of Rural Nursing Services—begun in the January number.

**Question 1.** *How can nurses in rural communities arrange a workable schedule for a year's service? How much time should be allowed in such a schedule for emergency calls and how should this time be distributed?*

The nurse working in the rural community will be able, after she becomes well enough acquainted with its geography and its distribution of population, to arrange a schedule for her work. Owing to the differences in size, conditions of roads, distribution of population, etc., it is difficult to have a uniform system for rural communities. We feel, however, that it is most valuable for the nurse to arrive in a certain school or district on a given date. This makes it possible for the teachers to plan for her visit, for the community groups to meet with her, and for parents wishing an interview to come to her, thereby saving her a long trip to their homes. In one of our counties a very satisfactory schedule has been in operation for several years. The county has been divided geographically—the nurse visiting the communities in the northern section on Tuesday, Wednesday, and Thursday of the first week of each month, the eastern section on these three days of the second week, and so on throughout the month, spending Monday and Friday of each week in the one large center of her county, and Saturday morning in her office.

Of course there are the emergencies to be taken care of which often interfere with this routine, but the community is notified and the visit made as soon as possible. A typed schedule of her plan is posted in each of the county schools so she may be reached for emergencies.—*Bureau of Public Health Nursing and Child Hygiene, Portland, Oregon.*

Speaking from the viewpoint of a nurse working alone in a rural community, as general a public health program as possible should be planned. The time given to each phase should be considered according to the needs of the community, always with this thought in mind, that one home call may often take in more than one of the several services, prenatal, infant welfare, school nursing, tuberculosis and orthopedic.

In a general program all schools cannot be covered in a year and done well, but plans should be made to work in some schools in every township and town, with the teachers understanding that the nurse will take care of emergencies as they arise in every school. An hour each day may be allowed for emergency calls, office work or other calls taking its place when there is no emergency.—*Julia L. Groskopf, County Nurse, DeKalb County Chapter, A. R. C., Auburn, Indiana.*

Arranging a workable schedule for a year would seem to me difficult. Much would depend on the community and conditions as to how much time should be given to emergencies. An epidemic might occupy the entire time for a period. Also if the nurse does bedside care that must be taken into consideration, as pneumonia and such diseases might use up much of the emergency period.—*Margaret Kahle, Dallas County Health Department, Alabama.*

The planning of a schedule would depend upon the type of service to be rendered, the territory to be covered and the number of nurses in the field.

Where a nurse is working alone in a county a school nursing program is usually the type of service which provides a fairly good working schedule.

For a year's service a workable schedule would include the inspection of school children, which affords an opportunity for the nurse to practically cover the county in a year. During the vacation months the nurse does more intensive follow-up work. During her visit at each school the nurse gives a health talk and makes a sanitary inspection of the school premises.

The teachers may be supplied with the record forms which may be filled in with the necessary data before the arrival of the nurse, who notifies the teachers as to the approximate date of her arrival. The teachers are also instructed to inform the parents of the coming visit of the nurse and invite them to be present to meet the nurse and to learn the nature of her work. The parents' permission should be asked to permit the nurse to inspect their children. The teachers usually assist the nurse by doing the weighing and measuring, as well as the recording. Volunteers from the community may be recruited to assist.

It is important that the nurse make contacts with all key people, physicians and dentists in the county previous to starting her work, to inform them of what she plans to do. By doing this she avoids antagonism and is more apt to secure coöperation.

It does not seem possible to know before-hand how many emergencies may occur and how much time they will require. Because of the lack of facilities in rural communities, emergencies may require much more of the nurse's time than ordinarily. A critical case of postpartum hemorrhage, in a certain instance required twenty-four hours of special care to save the life of a young mother. It may be necessary for the nurse to accompany a patient to the hospital. This may require a few hours, or it may take a whole day or more of the nurse's time. It is well worth while for the nurse to devote the time necessary to these more or less spectacular cases, because they impress the family as well as the public with the value of her service.—*Martha Peters, Portage County Chapter, A. R. C., Ravenna, Ohio.*

**Question 2.** *Are the nurses in rural communities obtaining the best results possible where the major portion of their time is devoted to school nursing?*

We do not feel that the major portion of the rural nurse's time should be spent in school work after the first year. This is the entering wedge of course in most cases and is a most necessary part of the nurse's work. However, the rural nurse has to spread herself so thin to cover her large territory that it seems to me her best results might be obtained by teaching. Teaching teachers to inspect for deviations from the normal in their rooms, to put on health programs such as hot lunches, plays, poster making, health habit training, etc.; training their community groups to assist them with conferences and clinics so they may carry on this work even without the nurse's guidance; holding classes for mothers, little mothers' classes in home hygiene; organizing and conducting surveys and other instructive pieces of work.—*Bureau of Public Health Nursing and Child Hygiene, Portland, Oregon.*

Personally I do not think nurses devoting the major part of their time to school nursing can obtain the best results. With an interested teacher in the school room, a nurse can depend upon her, to a great extent, after having once examined the pupils in that particular room. Routine inspection of children is not of much avail without the support of the parents. The best and most effective means to gain the desired support is the education of the parents.

The Home Hygiene and Care of the Sick course is one way to win the mothers. After meeting a group of twenty or more women every week for fifteen weeks and availing herself of the many opportunities presented to impress the importance of the public health program upon the minds of the class members, a nurse can, with very few exceptions, have a 100 per cent following as a result of the class. The effects are more far-reaching than the home of the class member. Many times the entire neighborhood is won over and frequently children are taken to physicians and corrections are made through the missionary work of a woman who has taken the course in Home

Hygiene and Care of the Sick. Every community should be given the opportunity of having a class. With one nurse in the county, two classes at one time are all that can be managed, and sometimes but one with classes held weekly.—*Julia L. Groscop, County Nurse, DeKalb County Chapter, A. R. C., Auburn, Indiana.*

Where a nursing service has been in effect over a period of three years, as the one in which I am employed, it seems to me that it is a mistake to devote the major portion of the time to school work, unless this is the only means of doing educational work. Our plan here is to educate the teachers to be more helpful, so that we may devote more time to maternity, infancy and the preschool child. Also the adolescent girls need more education on health and hygiene.—*Margaret Kahle, Dallas County Health Department, Alabama.*

Yes. Considering the extensive territory covered by the nurse working alone in a county, providing that she demonstrates her skill in bedside nursing in emergency cases.

In a smaller area where more intensive nursing can be done the nurse is able to follow up more closely, thereby becoming better acquainted, which enables her to secure better coöperation. Where it is possible to have more nurses and smaller districts, a generalized service would make it possible for the nurse to achieve far more satisfactory results.—*Martha Peters, Portage County Chapter, A. R. C., Ravenna, Ohio.*

**Question 3.** *How do nurses in rural communities plan their work in strictly pioneer fields in order to gain the interest and support of the community at large?*

The nurses who go into a county here for the first time usually start with school nursing, getting a number of the most obvious defects corrected, and giving their work publicity by talks before women's and men's clubs, parent teacher groups, church groups or any other ready made group.

However, the thing that has sold the work to the community has frequently been some other piece of work she has done. In one county the amount of social case work the nurse was obliged to do put the work on a substantial basis, in others intensive work with infant and preschool clinics have substantiated the work.—*Bureau of Public Health Nursing and Child Hygiene, Portland, Oregon.*

Education in the home being the foundation for a public health program, the statement made concerning the Home Hygiene Class applies here as well. In entering a pioneer field, the nurse should plan to meet as many people as possible and attend meetings at which rural people are congregated. Very often others who are in public work, as the county agent, the superintendent of schools, the probation officer and the attendance officer, can be of great assistance to a nurse in gaining the interest and support of the community at large. The rural communities are always glad to hear a good speaker. Splendid speakers on health subjects are always available and there are organizations willing to bear the expenses of the speaker providing it is not an unreasonable amount.—*Julia L. Groscop, County Nurse, DeKalb County Chapter, A. R. C., Auburn, Indiana.*

By constantly keeping the public informed of the work, through the local press, explaining the work to various groups, such as Women's Clubs, Parent-Teachers Associations, Kiwanis, Rotary and Lions Clubs, usually found in the small towns; Farm Bureau groups; church groups, such as missionary societies, ladies' aid societies or any other existing organizations. Human interest stories and concrete instances of results actually achieved are particularly stimulating and educational. We must be able to prove to the public the value of our work in dollars and cents besides stimulating interest from an altruistic standpoint.—*Martha Peters, Portage County Chapter, A. R. C., Ravenna, Ohio.*

**Question 4.** *How can annual meetings of public health nursing services in counties and small towns be planned so as to interest the public and attract a good audience?*

We have had some splendid annual meetings in some of our counties. Some of these have been held following a luncheon or dinner at which outside speakers gave the principal talk and questions pertaining to the work of the public health association and the nurse as the worker were discussed. Representatives from the various clubs, school groups, social and civic agencies are invited to attend and are usually interested enough to stay throughout the meeting. At a recent meeting following a luncheon a group of seventy-five people stayed throughout the afternoon listening to a fine address given by the president of the association telling of the accomplishments of the year, a report of the school and the county nurse which was most entertaining and enlightening, an address by a state worker which was helpful to both the organization and the audience, and finally a demonstration by the little mothers class which ended the program.—*Bureau of Public Health Nursing and Child Hygiene, Portland, Oregon.*

In planning for a meeting personal invitations are more effective than newspaper announcements. If one can secure twenty-five women to be responsible for attendance, one may be assured of a good audience. In three days' time an audience of four hundred and fifty women and high school girls was secured to hear Dr. Rachelle Yarros, mainly through telephone communications.

At meetings when reports are given, make the "figures" part of the report brief, but the human interest stories, of which the nurse may be a storehouse, can be given generously but tactfully. We have had eighty people at a supper at which the report was given. At one of the meetings a blind child, who was attending the State School through the nurse's efforts, read Braille before a group who had never heard Braille read.—*Julia L. Groscop, County Nurse, DeKalb County Chapter, A. R. C., Auburn, Indiana.*

#### VISITING NURSE STUDY REPORT

*Further questions and answers drafted by the committee appointed to consider questions brought up by attempts to put into operation the recommendations of the Reports of the Committee to Study Visiting Nursing. Earlier discussions appeared in April and June, 1925, numbers.*

**Question:** *Should a supervisor's visit to the home be counted as a visit when the nurse's visit is counted?*

**Answer:** A supervisor's visit when made with a nurse should not be counted as a second visit.

**Question:** *How shall visits to post-partum patients with complications be entered on Form No. 1?*

**Answer:** The physician in charge of the patient should determine whether a complication occurring in the post-partum period is to be classified as a complication of pregnancy, or as a new disease condition.

#### CONCLUDING THE DISCUSSION ON TRANSPORTATION

The body of the new Ford is seven inches longer. Now millions of us are anxiously waiting to see if it will develop seven more rattles.

*The Prism and The Gleaner*

---

## REVIEWS AND BOOK NOTES

---

### CONFERENCES, COMMITTEES AND CONVENTIONS

By Edward Eyre Hunt

Harper & Brothers, New York, 1925, price \$2.50.

Useful persons everywhere are now overburdened with committee, conference and convention assignments, largely because too little attention has been paid to making meetings efficient. "Don't put me on a committee!" is the plea of all too many men and women who have shown capacity for this form of service.

This quotation from Mr. Hunt's introduction will meet with confirming nods from most of us acquainted with conference and committee methods. Although in his handbook Mr. Hunt deals primarily with experiences in large bodies, what he suggests is applicable to the problems met in committee meetings by all organizations.

Throughout the book the author stresses the value of careful planning:

Whatever the project and whatever the procedure . . . careful preparation is sure to be justified in the final results. Planning is involved at every step: in the definition of purpose; in the determination of the place and date of meeting; in the selection of personnel; in the conference call; in the agenda; in the layout; in the conference program; in the selection of officers, committees and experts; in discussion; in contact with the press and in the preparation of reports.

Mr. Hunt takes up for discussion the problem—planning, organizing and directing of conferences and explains in detail the seemingly minor items which contribute largely to their success. Details which seem to the participant as casual should instead be the result of careful consideration. These include such matters as the place of the conference, seating capacities, light, rulings as to time for speakers, etc. His suggestions concerning the mechanical details to be observed are extremely worth while.

Of primary importance, according to Mr. Hunt, is the Committee Secretary. He it is on whom must devolve the "greasing of the wheels" which will

result in unimpeded action. He emphasizes the fact that the secretary must be free to devote time for preparation in advance of the meeting, and is the person chiefly responsible for the effective planning and conduct of the conference.

The author points out by well chosen examples the extreme costliness in time of group meetings. To all who have the direction and arrangement of such meetings, the suggestions in the book should prove of inestimable value in reducing conference budgets.

MABEL CURRAN DE BONNEVAL

---

The December and January numbers of *The American Journal of Public Health* contains a number of papers of special interest to the nursing group.

In December we find

The Cost of Public Health Work, Allen W. Freeman, A.P.H.A. (With Tables).  
Mental Hygiene and Its Relation to Public Health, Charles P. Emerson, M.D.  
Should the Health Examination Be a Screening or a Diagnosis? Merrill E. Champion, M.D.

In January

Tendencies in Public Health Administration, C. V. Craster, M.D.  
The Role of the Child Guidance Clinic in the Mental Hygiene Movement, Ralph P. Truitt, M.D.  
Improvement in Child Hygiene, Charles H. Keene, M.D.

Dr. Freeman in the article on The Cost of Public Health Work says:

The total cost of public health nursing, including that given in connection with other services of this classification, varies from 1 cent to 36 cents per capita, the mode being at 5 cents, though the distribution is very scattering.

---

*U. S. Public Health Reports*, Vol. 40, No. 52, December 25, 1925, contains an analysis of The United States Pharmacopoeia—Tenth Revision. It is interesting to note that the publica-

tion of the first United States Pharmacopoeia was issued from Boston, December, 1820, as the result of a General Convention held in Washington in January of that year. The convention further provided for the calling of a new convention for purposes of revision to be held every ten years in Washington, D. C. Among the various changes noted in the tenth revision we find the following:

Heroin, or diacetylmorphine, was dropped, even though it is therapeutically useful. Inasmuch as it is a dangerous habit-forming narcotic which can be replaced by morphine itself, it is now considered to be unnecessary; furthermore, Congress has forbidden its manufacture in this country.

Morphine and strychnine are among the deletions, presumably because the alkaloids themselves have a more limited application than their soluble salts.

---

*Public Health Nursing*, a brief account of its origin and development, by J. G. Townsend, M.D., which originally appeared in one of the U. S. Public Health Service Reports may now be obtained in reprint form.

Concerning nurses in rural work, Dr. Townsend says:

I know of no greater service in public-health nursing than is given by nurses working in full-time county health units. Nor do I know of any better way in which a nurse can produce real service in virgin fields than in this branch of nursing work, which in itself is a *specialized* branch of the profession.

The reprints may be obtained by writing to Miss Minnegerode, Superintendent of Nurses of the U. S. Public Health Service, Washington, D. C.

---

With the omission of this department in January we could not give our humble meed of praise to the excellent special "Public Health Nursing Service Number" of *The Red Cross Courier* published in December. Everyone by this time has read it and formed their own opinion. All we can say therefore is that in addition to the excellence of the articles, the illustrations are delightful. We envy their

sprightliness. "Keeping the Rural Nurse Rural" is evidently a generally intriguing question. A brief symposium on its intricacies appears in this number. It is always pleasant to realize that we have poets in our ranks. Helen Teal's "Soliloquy" gave us special delight.

---

The National Child Labor Committee has just issued a statement of what it holds to be reasonable minimum standards, which should be adopted and adequately enforced by all of the states. The standards include the prohibition of:

Certain work for children under fourteen.

Night work for those under sixteen.

A working day of more than 8 hours for children under sixteen.

Employment in physically and morally dangerous occupations for those under eighteen years of age.

---

A new edition of *Home Hygiene and Care of the Sick* has recently been published by the American Red Cross. The subject matter of this valuable publication has been somewhat rearranged, and four new chapters have been added. An analysis of the reasons for these changes will be found in Miss Beebe's article in the Red Cross Department. The price of the new edition is 85 cents.

---

The Children's Bureau has recently issued *The Control of Rickets* by Martha M. Eliot, M.D. This is a preliminary discussion of the demonstration now being carried on in New Haven, Connecticut, by the Children's Bureau with the pediatric department of Yale School of Medicine, cooperating with local health associations. The main problem of the investigation is to show whether rickets can be prevented in a community by the intensive use of cod-liver oil and sunlight. Dr. Eliot's paper explains the technique of the demonstration and gives tentative figures showing results.

---

## NEWS NOTES

---

Miss Hortense Hilbert, Educational Director Child Hygiene Division, State Board of Health, Minneapolis, Minnesota, has been appointed to the position of assistant to Miss Alma C. Haupt, Director of Nursing Service for the Commonwealth Fund in Austria. Miss Hilbert, who has been with the Minnesota State Board of Health since 1923, is a graduate of the University of Minnesota.

---

Miss Helena R. Stewart has been made associate professor in the Yale School of Nursing, succeeding Miss Amelia Grant. Miss Stewart was for four years director of the School of Public Health Nursing, University of Iowa.

---

Mrs. Gertrude Rhoades Pritchett has been made Assistant Director of Nursing in the Association for Improving the Condition of the Poor, New York City. This is a newly created position. Mrs. Pritchett, who holds a B.S. degree from Teachers College, Columbia University, also spent two years there in post-graduate work. She has had experience in group teaching, in organizing, as a welfare worker, and, most recently, in a generalized nursing program in Keyport, New Jersey.

---

Miss Eleanore Zuppann, formerly Superintendent of the Visiting Nurse Association, Minneapolis, has become Director of Nursing, City Department of Health, Springfield, Illinois.

---

Miss Molly B. Smith has been accepted for the position of Director and Supervisor of the Public Health Nursing Service, Bay City, Michigan. Miss Smith was formerly with the State Board of Health, North Dakota.

Miss Mabel Rue, who has just completed her course at Teachers College, has been made Educational Director and Special Supervisor of Maternity, Infant and Child Welfare with the Cattaraugus County Health Demonstration, Olean, N. Y.

---

Miss Mary L. Wright, formerly Superintendent of the Visiting Nurse Association, Waterbury, Connecticut, has accepted a position in China under the National Council of the Protestant Episcopal Church, in connection with St. Andrew's Hospital, Wusih, China. Miss Wright sailed from San Francisco on January 16th.

---

The Committee on Grading Schools of Nursing will have headquarters at 370 Seventh Avenue in the section devoted to offices of the three national nursing organizations. A list of the officers of this Committee was published in the January magazine.

---

The late Queen Alexandra was well known in England as an ardent supporter of nursing as well as of hospital work in general. She was, after the death of Queen Victoria, Patron of the Queen Victoria's Jubilee Institute for Nurses. That office now descends to Queen Mary, in accordance with the charter of the Institute. A National Memorial to Queen Alexandra has been proposed, the funds from which will be used to "augment the resources of the Queen's Nurses."

---

The Circle for Negro Relief, Inc., has changed its name to the National Health Circle for Colored People, Inc., in order to define more clearly the future work and policy of the organization.



**Rheumatism**  
**Gout**

**Neuralgia**  
**Neuritis**

**Sciatica**  
**Lumbago**

One of the truly great achievements in modern therapeutics.

And like most other great achievements, much envied for its reward attained after long and patient working and waiting.

Introduced in 1910. U. S. A.-Made since 1917.

Produced for several years in our up-to-the-minute plant at Bloomfield, N. J., exclusively devoted to the intricate synthesis of ATOPHAN on a large scale and by a special process vouchsafing the absence of even traces of empyreumatic impurities.

Tabletting by the most approved modern methods and the production of several ATOPHAN Compounds for intravenous administration under conditions and surroundings of which we feel justly proud, assure physician and patient of a finished product meriting at all times the undivided confidence and patronage which ATOPHAN has obviously succeeded in having and holding.

---

*Literature and Complimentary Trial Package*  
*Always Gladly Sent on Request.*

---

**Schering & Glatz, Inc.**

150-152 Maiden Lane  
NEW YORK

84-90 Orange Street  
BLOOMFIELD, N. J.

*Please mention The Public Health Nurse when writing to advertisers*

## NEWS NOTES—Continued

Putnam County, on the map just a little thin wedge between the large counties of Westchester and Dutchess, consisting of but six towns, with a total population of less than 11,000, has taken a most progressive step to advance the cause of public health within its boundaries. On December 29th the County Board of Supervisors voted an appropriation of \$7,200 for county nursing service. This will permit the employment of six public health nurses. Up to the present time three of the towns in the county have each employed one nurse, the other three towns not having sufficient funds available for such a purpose. The nurses will do public health work and school nursing particularly but in addition will do some visiting bedside nursing among those needing such service.

---

The New England Industrial Nurses Association held its December meeting in Boston. Dr. A. L. Brett, orthopedic surgeon, gave a comprehensive talk on foot conditions and their place as an industrial problem.

---

The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants at Lansing, Michigan, February 24 and 25.

---

The National Committee for the Prevention of Blindness held its annual meeting in New York City November 30–December 5. Among the features of the meeting were a special program featuring the pre-school eye clinic, a joint session with the Museum of Safety and a round table on Eye Hazards. One section of the program dealt with the part in prevention that commissions and associations may play. There was a special demonstration by teachers of sight saving classes in New York City. The technique, psychology and management of details of sight saving classes were fully discussed at a later session.

Trachoma among the Indians was the subject of one session. It was covered from many angles. Hon. Charles M. Burke, Commissioner of Indian Affairs, told of the accomplishments of his Bureau. An open discussion by visiting ophthalmologists showed what needed to be done to eliminate the disease. Miss Janowich told of training Indian girls for tribal nursing service, while Miss McKittrick related observations with the Pueblo Indians. At the annual directors' meeting, Dr. W. H. Wilmer, Director of the William Holland Wilmer Foundation, Johns Hopkins University, pointed out that activities carried on during the life history of the National Committee had cut down the birth infections causing blindness some 50 per cent, but that more needs to be done. He confirmed the figures presented in the special session on trachoma, and pointed out its menace to America and to many parts of the world.

Following his address a resolution was passed unanimously aiming to arouse the interest of Congress and state health authorities in conserving the vision of American Indian wards. The motion emphasized the fact that provisions are now made for a totally inadequate staff of highly trained persons to cope with the ravages of trachoma in the 30,000 cases reported by the Indian agents.

---

The National Social Hygiene Conference was held in Newark, New Jersey, November 19–21, under the joint auspices of the American Social Hygiene Association, the New Jersey State Department of Health and the Newark Department of Health. It was attended by leaders in the social hygiene movement from all parts of the United States and by many local physicians, nurses, public health and social workers, as well as by the general public.

Mrs. Anna Garlin Spencer sounded an optimistic note at the opening session when she said that she believed that the world was slowly becoming a fit place for normal, happy human